



LEAVE REQUEST FORM

Employee Name: _____ Employee ID: _____
Position: _____ Department/Division: _____

Number of Hours: _____ From Date/Time: _____ To Date/Time: _____

Leave Requested/Used:

- Vacation Request
- Sick Leave
- Non-FMLA Medical Leave
- Bereavement
- Civic Duty:
Specify: _____
- Other:
Specify: _____

How Leave is to be Paid:

- Paid Leave
 - Vacation
 - Sick Leave
 - Comp Time (Hourly employees only)
 - Other:
Specify: _____
- Unpaid Leave
 - Short Term Disability
 - Long Term Disability

This form is NOT INTENDED to be used for any leave that qualifies for or that is designated as Family or Medical Leave under the Family & Medical Leave Act (See Policy 405)

Authorization Signatures:

EMPLOYEE SIGNATURE & DATE

SUPERVISOR SIGNATURE & DATE

Comments: