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Leave Request Form

Name: _____ **Date:** _____

| <u>Type of Leave</u> | <u>Days</u> | <u>Hours</u> | <u>Dates Requested (Month, Day, Year)</u> |
|-----------------------------------|--------------------|---------------------|--|
| Vacation | _____ | _____ | _____ |
| Floating Holiday | _____ | _____ | _____ |
| Medical Appointment | _____ | _____ | _____ |
| OTHER (State Type of Leave Below) | _____ | _____ | _____ |
| _____ | | | |
| _____ | | | |

Employee Comments (Optional):

Employee Signature/Date

Supervisor Comments:

_____ **Approved**

_____ **Disapproved**

Supervisor Signature/Date