

Leave Request Form

Staff Name: _____

Date Requested: _____

Please check one:

- Vacation
- Sick Time
- Floating Holiday
- Bereavement Leave
- Jury Duty Leave
- Military Leave
- Other

Beginning Date: _____ Ending Date: _____

Return To Work Date: _____

Total Number of Days/Hours requested: _____

Signatures:

Staff

Date

Supervisor

Date