

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