*Place Image of Practice Logo Here*

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Include disclaimer, limitations and/or special instructions here. Examples:*

* *Number of consecutive days allowed*
* *Number of days that requires special approval*

Signatures:

Staff Date

Supervisor Date