



Employee Leave Request Form

Employee Name: _____

Date: _____

Supervisor Name: _____

REASON FOR LEAVE

- Vacation Leave of Absence Sick - Family
 Sick - Self Dr. Appointment
 Sick Family _____
 Funeral For _____
 Other _____

LEAVE REQUESTED

From: _____ To: _____

Number of Hours: _____ Number of Days: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Comment(s):
