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| **LEAVE REQUEST FORM** | |
| **Employee Information** | |
| **Employee Name** | Wesley Francis |
| **Department** | Amazon |
| **Supervisor** | Aamir Roberts |
| **TYPE OF LEAVE REQUESTED** | |
| |  | | --- | | **Vacation** ☑ | | |
| |  | | --- | | **Sick** | | |
| |  | | --- | | **Bereavement** | | |
| |  | | --- | | **Leave Without Pay** | | |
| |  | | --- | | **Maternity/Paternity** | | |
| |  | | --- | | **Other – Please  specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |
| Leave Start Date:  04/24/2020     Leave End Date :  04/24/2020 | |
| Number of Days Requested:     2 | |
|  | |
| Reasons for Absence: \_\_\_\_\_\_My area won’t have electricity on Friday as well as there is a family related issue that I have to be apart of these 2 days. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **You must seek approval for leave, other than sick leave, 5 days prior the first day of absence** | |
|  | |
| Employee Signature: \_\_\_\_\_\_\_WesleynFrancis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 4/22/2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Manager/Supervisor Approval** | |
| |  | | --- | | Approved                                                             Rejected | | |
|  | |
| Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| Manager/Supervisor  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_00/00/2020\_\_\_\_\_\_\_\_ | |
|  | |
| **Total Number of Days Taken to Date:  Balance:\_\_\_\_\_\_** | |