

Leave Request Form

Employee Name

:

Requested Date

:

Leave Start date

:

Leave End date

:

Reason

:

I,_____Understand that this leave will be treated as an unpaid Leave if I do not have any leave balance left. (See notes below)

Employee Signature : _____

Approver's Signature : _____

Notes:

- Employees are expected to give a minimum of one (1) week notice when requesting leave. In an emergency, the employee is requested to give as much notice as possible.