ADP TotalSource
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Vacation/Personal Leave Request

Date:

Employee Name: TS File #:

Position: Department:

Worksite Employer: Company Code: Paygroup:

Employee Status: ☐ Full Time   ☐ Part Time

To Be Completed by Employee

Leave to Start (Date):   Expected to Return (Date):

REASON FOR LEAVE:

☐ Vacation

☐ Educational Seminar/Workshop

☐ Military Reserve Duty - Submit copy of orders

☐ Jury Duty - Submit copy of summons to duty

☐ Personal

☐ Sick (non-FMLA)

☐ Seasonal

☐ Other

Explanation:

Type of paid time off (i.e. vacation, PTO, absence) to be used: Amount:

Provisions of Leave: I understand that if I do not return to work on the above date, or contact my supervisor explaining my failure to return, I will be considered to have voluntarily abandoned my job.

Employee's Signature: Date:

To Be Completed by Supervisor

Leave to Start (Date):   Expected to Return (Date):

LEAVE APPROVED:

☐ Paid Leave

☐ Unpaid Leave

Supervisor's Signature: Date:

Notes or Comments: