



Employee Leave Request

Please submit this form as early as possible.

Please use the comments section to elaborate on anything that needs more detailed information.

Employee Name *

First Name

Last Name

Department *

Email *

Leave Information

Type of leave *

- ☐ Annual
- ☐ Sick
- ☐ Professional (upload documentation in fields provided)
- ☐ Bereavement
- ☐ Jury Duty

Use comments section to list specific times if necessary

Edit to a previous leave request

- ☐ yes
- ☐ no

Supporting documentation for professional leave

[Choose File](#) [Remove File](#) [No File Chosen](#)

Comments

Point of Contact Information

Who will be in charge in your absence?

Date

Employee Leave Request

Who is the point of contact in your absence *

Point of contact email *

Point of contact phone number *

First Name

Last Name

Electronic Acknowledgement

by checking this box, I acknowledge that I am signing this request electronically *

☐ electronic signature

Submit Request