



LEAVE REQUEST FORM

Name _____

Department _____ Date _____

- PTO
- Jury duty
- Bereavement
- Master Sick
- Leave without pay
- Workers Compensation
- Conference
- FMLA ** (Prior paperwork must be approved and on file in HR)

<u>Date</u>	<u>Hours</u>	<u>Date</u>	<u>Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explanation, if necessary

Employee's Signature _____

Supervisor's Signature _____ Date _____

- A leave request form **MUST** be completed for each absent period
- ****If requesting FMLA leave, FMLA paperwork MUST be completed**

FORM MUST BE COMPLETED AND RETURNED TO SUPERVISOR PRIOR TO LEAVE