

Leave Request

Employee Name: _____

Department: _____

Leave Time Requested:

Type of Leave Taken:

From: ____

____ Annual

To: ____

____ Sick

____ Comp

Total: ____ days

____ Leave of Absence

Total: ____ hours

____ Emergency (Funeral)

Employee Signature

Supervisor's Signature

Date: _____

Date: _____

Admin. Approval

Explanation: _____
