



TOURO UNIVERSITY
C A L I F O R N I A

Employee Leave Request Form

A request for leave must be completed prior to each planned absence from work and submitted to your immediate supervisor for approval. Signed form will be returned to the Human Resources department for records keeping. A form for unanticipated illness should be completed upon your return and will be routed in the same manner as described above.

Name: _____

Department: _____

Insert number of day(s)/hours to be deducted from earned leave type based on monthly time sheet accruals:

Type of Leave:	From:	To:	Date Returning to work:	Number of days taken:
Vacation				
Personal Day				
Sick				
Jury Duty				
Bereavement				
Unpaid Leave				
Floating Holiday				
Other:				

Type of Leave:	From:	To:	Date Returning to work:	Number of days taken:
Vacation				
Personal Day				
Sick				
Jury Duty				
Bereavement				
Unpaid Leave				
Floating Holiday				
Other:				

Total number of day(s)/hours away (not including weekends and holidays) _____

Employee's Signature _____ Date: _____

Comments: _____

Approved ☐ Not Approved ☐

Supervisor's Signature: _____ Date: _____

Department Head: _____ Date: _____