

Vacation/Leave Request Form

Employee to Complete

Employee Name _____

Supervisor/Manager _____

Status (*select one*) Full-time Part-time

Dates and/or Time off requested _____

Reason for Requested Time off

Refer to your employee handbook for state, federal, and company leave policies. For questions regarding your company's leave policies, consult with your supervisor/manager.

Vacation

Sick

Other: _____

Employee Signature _____

Date _____ / _____ / _____

Employer to Complete

If request for leave is for an FMLA-qualifying reason, employee should also complete the Request for Family/Medical Leave Under the FMLA.

Request Approved

Request Denied

Supervisor/Manager Signature _____

Date _____ / _____ / _____