



## EMPLOYEE LEAVE REQUEST FORM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

TYPE OF LEAVE REQUESTED:

- |  |   |
|--|---|
| <input type="checkbox"/> Sick - Personal                               | <input type="checkbox"/> *Leave of Absence With Pay |
| <input type="checkbox"/> Sick - Family                                 | <input type="checkbox"/> *Military Leave            |
| <input type="checkbox"/> Vacation                                      | <input type="checkbox"/> *Jury Duty                 |
| <input type="checkbox"/> Personal Leave (Civil Service employees only) | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Administrative Leave                          |   |
| <input type="checkbox"/> Compensatory/Floating Holiday                 | Date Earned: _____                                  |
| <input type="checkbox"/> Leave of Absence Without Pay                  |   |

EFFECTIVE DATE(S): \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

TOTAL TIME REQUESTED: \_\_\_\_\_

ARE ACCRUALS AVAILABLE TO COVER THIS REQUEST?  Yes  No

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### NOTIFICATION TO EMPLOYEE

The above request is:

- Approved as requested
- Not approved or changed; reason:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

\*Documentation required

**PLEASE FORWARD AN APPROVED COPY TO THE ASSOCIATE EXECUTIVE DIRECTOR**