



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