Employee Leave Request Form

Employee Information

- **Name:** _____
- **Job Title:** _____
- **Department:** _____
- **Employee Number:** _____
- **Phone Number:** _____
- **Email:** _____

Leave Information

- **Leave Type: ☐ Vacation ☐ Sick ☐ Maternity/Paternity ☐ Other:** _____
- **Leave Start Date:** _____
- **Leave End Date:** _____
- **Number of Days:** _____

Leave Reason

- **Reason:** _____
- **Comments:** _____

Approval

Approver	Status	Comments	Signature
Supervisor	☐ Approved ☐ Denied	_____	_____

Department Manager ☐ Approved ☐ Denied   _____   _____

HR Department ☐ Approved ☐ Denied   _____   _____

_____ ☐ Approved ☐ Denied   _____   _____

Employee Acknowledgment

- **Signature:** _____
- **Date:** _____