

LEAVE REQUEST

NAME (print) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Personal Leave

\_\_\_\_\_ Family Illness

\_\_\_\_\_ Vacation

\_\_\_\_\_ Bereavement

\_\_\_\_\_ Comp. Time

\_\_\_\_\_ Leave of absence (unpaid)

\_\_\_\_\_  
employee signature

Date (s) \_\_\_\_\_

_____ approve
_____ disapprove
_____ Supervisor

Remarks (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_