

Leave Request

Employee Name _____ Department _____

Dates of Leave: from _____ through _____

(The "from" date should be the first work day of leave, and the "through" date the last work day of leave)

With Pay

Without Pay

Request is made for the following leave:

Vacation: _____ days/hrs

Comp: _____ days/hrs

Funeral: _____ days

Sick: _____ days/hrs

Employee Signature _____ Date _____

Supervisor Approval _____ Date _____
