

# Leave Request

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**Check Type of Leave Requested:**

**Total Hours**

|                                 |                               |                                |       |       |         |       |       |       |
|---------------------------------|-------------------------------|--------------------------------|-------|-------|---------|-------|-------|-------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Sick | <input type="checkbox"/> LWOP* | _____ | _____ | Through | _____ | _____ | _____ |
|                                 |                               |                                | Date  | Time  |         | Date  | Time  |       |
| <input type="checkbox"/> Annual | <input type="checkbox"/> Sick | <input type="checkbox"/> LWOP* | _____ | _____ | Through | _____ | _____ | _____ |
|                                 |                               |                                | Date  | Time  |         | Date  | Time  |       |
| <input type="checkbox"/> Annual | <input type="checkbox"/> Sick | <input type="checkbox"/> LWOP* | _____ | _____ | Through | _____ | _____ | _____ |
|                                 |                               |                                | Date  | Time  |         | Date  | Time  |       |
| Other                           | _____                         |                                | _____ | _____ | Through | _____ | _____ | _____ |
|                                 |                               |                                | Date  | Time  |         | Date  | Time  |       |

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

**EMPLOYEE:**

**SUPERVISOR:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\*Leave Without Pay

Date: \_\_\_\_\_  Approved  Disapproved

Reason Denied: \_\_\_\_\_

