

# 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 ☐ Declined

Reason Declined: \_\_\_\_\_

