



Employee to Complete

Employee Name _____

Department _____

Supervisor _____

Reason	Dates	Number of Days	Number of Hours
<input type="checkbox"/> Vacation	_____	_____	_____
<input type="checkbox"/> Sick	_____	_____	_____
<input type="checkbox"/> Floating Holiday	_____	_____	_____
<input type="checkbox"/> Jury Duty	_____	_____	_____
<input type="checkbox"/> Bereavement	_____	_____	_____
<input type="checkbox"/> Other (explain)	_____	_____	_____

Employee Signature _____

Date ____/____/____

Leave Address/Contact Information _____

Supervisor/Manager to Complete

Leave Approved () () With pay

Leave Not Approved () () Without pay

Supervisor's Signature _____ Date ____/____/____

Title _____

Notes:
