



## LEAVE REQUEST FORM

*Instructions: This form must be completed "In Advance" of your leave. Requests for vacation time off of one (1) week or more should be submitted one (1) month prior to your start date. Check-off the applicable leave and complete the "Employee" section. Submit your completed form to your Program Administrator/Supervisor. A copy of this form with a response will be returned to you.*

Vacation \_\_\_\_\_

Conference/Workshop/Seminar \_\_\_\_\_

Religious \_\_\_\_\_

Other \_\_\_\_\_

Sick \_\_\_\_\_

Compensatory Time – Do not use this form as there is a separate Comp Time Form.

### Employee:

Name \_\_\_\_\_ Title \_\_\_\_\_

Program/Location \_\_\_\_\_ Date of Hire \_\_\_\_\_

Date Submitted \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

(V) Hours Requested \_\_\_\_\_ Hours Available \_\_\_\_\_ As of Date \_\_\_\_\_

(S) Hours Requested \_\_\_\_\_ Hours Available \_\_\_\_\_ As of Date \_\_\_\_\_

#### NOTES:

Employees must confirm available leave prior to submitting request to supervisor.  
If employee knows of medical appt. or procedure in advance, sick hours must be requested.

Employee Signature \_\_\_\_\_

### Program Administrator/Supervisor:

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy Filed \_\_\_\_\_ Copy Given to Employee \_\_\_\_\_