

EMPLOYEE LEAVE REQUEST FORM



EMPLOYEE NAME _____ DEPARTMENT _____

INSTRUCTIONS

- 1.) Check the month(s)
- 2.) Circle the date(s)
- 3.) Put the code and number of hours

CODES

- | | |
|--------------------|---------------------------------|
| V =Vacation | C =Contract Hours |
| S =Sick | PP =Personal Preference |
| J =Jury | B =Bereavement |
| M =Military | FM =Family Medical Leave |

___ JAN	___ JUL	1 ___	7 ___	13 ___	19 ___	25 ___	31 ___
___ FEB	___ AUG	2 ___	8 ___	14 ___	20 ___	26 ___	
___ MAR	___ SEP	3 ___	9 ___	15 ___	21 ___	27 ___	
___ APR	___ OCT	4 ___	10 ___	16 ___	22 ___	28 ___	
___ MAY	___ NOV	5 ___	11 ___	17 ___	23 ___	29 ___	
___ JUN	___ DEC	6 ___	12 ___	18 ___	24 ___	30 ___	

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR APPROVAL _____ DATE _____

If not approved, please explain _____

- Return Original to Employee
- Copy to Supervisor