

LEAVE REQUEST - STAFF



Last Name _____ First Name _____

Department _____ Date of hire _____

First date absent ____/____/____ am pm

Date returned to work ____/____/____

REASON FOR ABSENCE

Vacation: number of days requested _____

Bereavement-# of days: number of days requested _____

Personal Leave: number of hours requested _____

Relationship to employee _____

Military leave _____

Jury Duty (attach copy of summons with Leave Request.
Send to HR any further information you receive about your jury duty.)

Time off without pay: number of days requested _____

Other _____

Please note that time off without pay will only be given when all vacation and personal leave are exhausted.

Explanation _____

FOR HR USE ONLY:

Request approved? Yes No

Time off without pay Yes No

Vacation Yes No

Bereavement Yes No

Vacation days remaining _____

Jury Duty Yes No

Personal Yes No

Other _____

Personal leave hours remaining _____

Explanation _____

SIGNATURES:

Employee (Please do not separate form) _____ Date _____

Supervisor/Dept. Head (does not imply eligibility) _____ Date _____

Human Resources _____ Date _____

Copy-Human Resources Copy- Payroll Copy-Department Copy-Employee