

# Leave Request Form



Employee Name:	Job Title:	Date:
Employee ID:	Manager's Name:	

Please note the following:

*Leave requests must be submitted at least two weeks prior to the start date of your request.  
All leave requests are subject to approval by management.*

Type of Leave Requested	
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> FMLA Leave
<input type="checkbox"/> Vacation Leave	<input type="checkbox"/> Bereavement Leave
<input type="checkbox"/> Unpaid Leave	<input type="checkbox"/> Other (Please Specify):

Dates Requested for Leave: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Leave Approval:

Approved

Rejected

Manager's Comments:
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Manager's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_