**LEAVE REQUEST FORM**

*Attendance and Leaves Policy 1:02:19*

Please be advised that proper supporting documentation may be requested

Employees must request leave and submit Leave Request Form to Supervisor for Approval in advance of using leave.

Today’s date: __________________________

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee Id Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Position:</td>
<td>Employee Department:</td>
</tr>
</tbody>
</table>

**TYPE OF LEAVE**

- [ ] ANNUAL/VACATION LEAVE
  - FROM: __________________________
  - TO: __________________________
  - TOTAL HOURS: __________________________

- [ ] MEDICAL/SICK LEAVE (MINOR) 3 OR LESS DAYS
  - FROM: __________________________
  - TO: __________________________
  - TOTAL HOURS: __________________________

- [ ] MEDICAL LEAVE (MAJOR) MORE THAN 3 DAYS (FMLA)
  - FROM: __________________________
  - TO: __________________________
  - TOTAL HOURS: __________________________

- [ ] BEREAVEMENT LEAVE
  - FROM: __________________________
  - TO: __________________________
  - TOTAL HOURS: __________________________

- [ ] MILITARY LEAVE
  - FROM: __________________________
  - TO: __________________________
  - TOTAL HOURS: __________________________

- [ ] MILITARY LEAVE
  - FROM: __________________________
  - TO: __________________________
  - TOTAL HOURS: __________________________

- [ ] MILITARY FMLA LEAVE
  - FROM: __________________________
  - TO: __________________________
  - TOTAL HOURS: __________________________

- [ ] SPECIAL CIRCUMSTANCES LEAVE (Indicate reason for Leave)
  - FROM: __________________________
  - TO: __________________________
  - TOTAL HOURS: __________________________

Employee Signature: __________________________

DATE: __________________________

Supervisor/Manager: [ ] Leave Approved

Date: __________________________

Supervisor/Manager: [ ] Leave Disapproved

Date: __________________________

Form #1:02:19_Jan. 2016