



**LEAVE REQUEST FORM**

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current leave balance: \_\_\_\_\_

*Instructions: Employees must submit the leave request form PRIOR to taking planned leave to their supervisor. In the case of sick leave the form must be completed upon return to work. All completed forms must be turned in to Human Resources PRIOR to planned leave being taken.*

**Type of leave requested:**

**Date(s) requested:**

Annual Leave

\_\_\_\_\_

Flex Leave

\_\_\_\_\_

Sick Leave

\_\_\_\_\_

Juror or Witness

\_\_\_\_\_

Military Leave

\_\_\_\_\_

Other (explain)

\_\_\_\_\_

Approved

Denied

Reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_