



# Employee Leave Request

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

Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

LEAVE TYPE <i>(check one)</i>	FROM <i>(mm/dd/yyyy)</i>	TO <i>(mm/dd/yyyy)</i>	TOTAL HOURS	TOTAL DAYS
<input type="checkbox"/> PERSONAL DAY(S)	___ / ___ / ___	___ / ___ / ___		
<b>COMMENTS:</b>				

<input type="checkbox"/> MEDICAL/DENTAL APPT	___ / ___ / ___	___ / ___ / ___		
<b>COMMENTS:</b>				

<input type="checkbox"/> VACATION	___ / ___ / ___	___ / ___ / ___		
<b>COMMENTS:</b>				

**ATTENTION EMPLOYEE:**

A leave request of up to 2 days off must be requested at least **21 days** in advance of your first requested day off. A leave request of 3 to 7 days off must be requested at least **30 days** in advance of your first requested day off. Failure to give sufficient notification for your leave will result in denial of your request altogether. Please do not make plans to take your requested time off until this Employee Leave Request form is signed by a manager and handed back to you.

\_\_\_\_\_  
Employee Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Supervisor Approval (Signature)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (mm/dd/yyyy)