



EMPLOYEE REQUEST FOR LEAVE

Name: (Print) _____ Date of Request: _____

Request Leave Beginning	Request Leave Ending
Time: _____ Date: _____	Time: _____ Date: _____
	TOTAL HOURS REQUESTED: _____

TYPE OF LEAVE REQUESTED (Check)

	VACATION
	SICK (Medical, Dental, Optical, Illness, or non-work-related injury.) <input type="checkbox"/> Employee <input type="checkbox"/> Immediate Family _____ <div style="text-align: right; font-size: small;">List the name of the family member.</div>
	PERSONAL DAY – Must have enough banked sick time to cover the request. (Whole or ½ Days Only)
	CIVIL – Court or Jury Duty Documentation must be provided from the court. (Subpoena or Notice)
	MILITARY – Attach a copy of orders.
	FUNERAL LEAVE <i>Maximum of 3 days may be granted.</i> (mother, father, brother, sister, child, spouse, grandparent, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law, brother-in-law, Aunt, Uncle, legal guardian, or other person who stands in place of a parent) List name of family member: _____ Relation: _____
	LEAVE WITHOUT PAY – must have a detailed explanation and approval.
	FAMILY MEDICAL LEAVE (FMLA) Additional forms and compliance are required for this type of leave.
	EMERGENCY SERVICE LEAVE – must present employer with a valid certificate.

I hereby declare that the personal data provided in this application is true, correct, and complete to the best of my knowledge. I fully understand that a false entry shall be grounds for disciplinary action including dismissal. The approval and/or recommendation of this request does not prevent issuance of disciplinary action for abuse of leave or violation of the leave policy.

Employee Signature: _____ Date: _____, 20____

RECOMMENDED	APPROVED
NOT RECOMMENDED	NOT APPROVED

 Immediate Supervisor

 Appointing Authority

Remarks for Office Use Only: