



LEAVE REQUEST FORM

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

☐ Sick

☐ Personal (Faculty)

Faculty only – please provide your plan for class coverage when requesting personal leave:

☐ Floating Holiday

☐ Juror or Witness

☐ Military

☐ Leave W/O Pay

☐ Other (Please specify)

☐ Approved

☐ Denied

Reason for denial: _____

Supervisor Signature: _____ Date: _____