|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Leave Request Form** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Employee Name: | | | | | | | | Position: | | | |
| Employee #: | | | | | | | | Department: | | | |
|  | | | | | | | | | | | |
| **Duration**: | | | | | | | | | | | |
| Starting Date: | | | | End Date: | | | | | Total Leave Days: | | |
|  | | | | | | | | | | | |
| **Reason for Leave:** | | | | | | | | | | | |
|  | Vacation Leave | | | |  | Bereavement Leave | | | |  | Volunteer Time Off (VTO) |
|  | Sick Leave | | | |  | Sabbatical Leave | | | |  | Other (please specify) |
|  | Personal Leave | | | |  | Military Leave | | | |  | [Your specific reason here] |
|  | Family Leave | | | |  | Jury Duty Leave | | | |  |  |
|  | Parental Leave | | | |  | Compensatory Leave | | | |  |  |
|  |  | | | |  |  | | | |  |  |
| **Code Time As:** | | | | | | | | | | | |
| Paid Leave | | Unpaid Leave | | | Other | | | | | | |
|  | | | | | | | | | | | |
| **Employee’s Comments (Optional):** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| *I acknowledge that this request is subject to approval by my employer.* | | | | | | | | | | | |
| Employee’s Signature: | | |  | | | |  | Date: | |  | |
|  | | |  | | | |  |  | |  | |
| **Approval Information** | | | | | | | | | | | |
| Approved:  **YES**  **NO** | | | | | | | | | | | |
| Approver’s Name: | | | | | | | | Position: | | | |
| Approver’s Signature: | | | | | | | | Approval Date: | | | |
| Approver’s Comments (Optional): | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |

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