

# Leave Request Form

Date of Request:

Employee Name: \_\_\_\_\_  
Manager/Supervisor: \_\_\_\_\_

Employee #: \_\_\_\_\_  
Department: \_\_\_\_\_

## Vacation Details:

Start Date:		Total Days Requested:	
End Date:			
Type of Leave:		If "Other", please specify:	
Additional Information:			

## Contact Information:

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Acknowledgment:

☐ I acknowledge that my leave request is subject to approval and that the information provided is accurate.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Approval Information

Manager's Name:		Manager's Signature:	
Leave Request Status:		Date of Approval:	
Manager's Notes:			