



## LEAVE REQUEST FORM

ANNUAL LEAVE FORMS MUST BE SUBMITTED AT LEAST FOUR (4) WEEKS IN ADVANCE

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER: \_\_\_\_\_

### TYPE OF LEAVE REQUESTED

- ANNUAL
- COMPASSIONATE
- PERSONAL (SICK)
- OTHER: \_\_\_\_\_

DATE OF FIRST DAY OF LEAVE: \_\_\_\_\_

DATE OF LAST DAY OF LEAVE: \_\_\_\_\_

NUMBER OF WORKING DAYS OFF: \_\_\_\_\_

REASON FOR LEAVE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

### MANAGER USE

- APPROVED
- DENIED – REASON: \_\_\_\_\_

MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PAYROLL

- SUFFICIENT LEAVE ACCRUED
- INSUFFICIENT LEAVE ACCRUED

PLEASE HAND THIS FORM TO YOUR MANAGER FOR APPROVAL **BEFORE** APPLYING FOR LEAVE ON YOUR TIME SHEET