

LEAVE FORM



Please check:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Vacation Leave | <input type="checkbox"/> 2017 - 2018 Non-Expiring Leave | <input type="checkbox"/> Funeral Leave | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> 2018 - 2019 Special Annual Leave | <input type="checkbox"/> Civil Leave | <input type="checkbox"/> Voluntary Shared Leave |
| <input type="checkbox"/> 2014 - 2015 Bonus Leave | <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Military Leave | |

Is this FMLA Leave? Yes No Check if this is an UNPAID leave of absence
(Supervisor to complete)

EMPLOYEE NAME _____

DATE(S) OF LEAVE _____ **TOTAL HOURS** _____

TIME(S) OF LEAVE *(if partial day):* _____

REQUESTED BY: _____ *

APPROVED BY: _____ *

COMMENTS: _____

**By typing/signing your name as the requester/approver, you agree to the accuracy of the leave reported on this form.*