



LEAVE FORM

Please check:

- Vacation Leave
- Sick Leave
- Personal Leave
- Personal Observance Day
- 2014 – 2015 Bonus Leave
- 2017 – 2018 Non-Expiring Leave
- 2018 – 2019 Special Annual Leave

- Funeral Leave
- Civil Leave
- Military Leave
- Workers Comp
- Voluntary Shared Leave

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

EMPLOYEE NAME (*Please Print*) _____

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

** Do not combine months on leave form*

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

***REQUESTED BY:** _____

***APPROVED BY:** _____

COMMENTS: _____

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