



# LEAVE FORM

- ☐ Vacation Leave
- ☐ Sick Leave
- ☐ Personal Leave  
(Use in 1hr increments)
- ☐ 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

- ☐ Personal Observance Day (Must use 8hrs in one day)

Is this FMLA Leave?      Yes      No

Employee Name *(Please print)* \_\_\_\_\_

- ☐ Check if UNPAID leave of absence *(Supervisor to complete)*

Date of Leave	Hours Used	Date of Leave	Hours Used
Comments:			

\*REQUESTED BY: \_\_\_\_\_ \*APPROVED BY: \_\_\_\_\_

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