**Leave Request Form**

**Use blue ink when signing this form.**



|  |  |
| --- | --- |
| Name |  |
| Department |  |

|  |  |  |
| --- | --- | --- |
| **Type of Leave Requested** | **Number of Hours Requested** | **Dates of Leave** |
| Annual |  |  |
| Sick |  |  |
| Other (     ) |  |  |
| **Explanation** | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature |  | Date |  |
| Approved By |  | Date |  |

**Return Form to:**

**Supervisor**