

LEAVE APPLICATION

NAME: _____ DATE SUBMITTED: _____

DEPARTMENT: _____ JOB TITLE: _____

DATE OF LEAVE: FROM _____ TO _____

Record the hours of leave requested in the appropriate space.

The employee leave reporting system requires all leave be requested in hours. Fractions of hours will be recorded in quarter-hour units. Place the number of hours requested in the space beside the type of leave requested.

	Hours Requested	Depart Time	Arrive Time
Annual			
Sickness (self)			
Sickness (family)			
Compensatory			
Holiday			
Bereavement			
Jury Duty			
Military			
Leave w/o Pay			

LEAVE APPROVED

LEAVE DENIED: (Please provide reason for denial in the remarks below)

EMPLOYEE SIGNATURE: _____

SUPERVISOR/DEPARTMENT HEAD: _____

REMARKS: _____
