



**LEAVE REQUEST FORM**

Employee name: \_\_\_\_\_

Employee Department: \_\_\_\_\_

Check One:             Exempt                       Non-Exempt

Check One:             With Pay                       Without Pay

Please note that employees are expected to give one week’s notice for the need for leave whenever possible. If emergency circumstances prevent the employee from giving one week’s notice, the employee is expected to give as much notice as possible.

Date(s) of leave requested: \_\_\_\_\_

Hours of leave requested: \_\_\_\_\_

Reason for leave request:

\_\_\_\_\_  
\_\_\_\_\_

Employee signature \_\_\_\_\_

Approval:

Employee     has     does not have    PTO available

Supervisor’s signature \_\_\_\_\_

Comments: \_\_\_\_\_