

**LEAVE REQUEST FORM**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I request leave beginning \_\_\_\_\_ (date & time) and ending \_\_\_\_\_ (date & time)

( A ) Vacation Leave \_\_\_\_\_

( B ) Compensatory Time / ETO \_\_\_\_\_

( C ) Sick Leave \_\_\_\_\_

Reason \_\_\_\_\_

( D ) Bereavement Leave \_\_\_\_\_

Reason \_\_\_\_\_

( E ) Other \_\_\_\_\_

Reason \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Department Head: \_\_\_\_\_

Date: \_\_\_\_\_