

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_  
**EMPLOYEE NAME** \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ TITLE \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE**

**LEAVE START DATE** \_\_\_\_\_ **LEAVE END DATE** \_\_\_\_\_  
*Please enter Return to Work Date and Day* \_\_\_\_\_

**TOTAL AMOUNT REQUESTED**    **# OF HOURS** \_\_\_\_\_    **OR**    **# OF DAYS** \_\_\_\_\_

**LEAVE TYPE**

*Please Note: This form is NOT for FMLA/MFL eligible leave requests. Ask the Payroll Dept. for the correct form.*

- |                                            |                                                                    |
|--------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> VACATION          | <input type="checkbox"/> JURY / COURT DUTY                         |
| <input type="checkbox"/> PERSONAL LEAVE    | <input type="checkbox"/> UNPAID LEAVE OF ABSENCE                   |
| <input type="checkbox"/> SICK LEAVE        | <input type="checkbox"/> FMLA <i>Additional Documents Required</i> |
| <input type="checkbox"/> BEREAVEMENT LEAVE | <input type="checkbox"/> OTHER _____                               |

**EMPLOYEE ACKNOWLEDGEMENT**

I understand and agree that it is my responsibility to give my manager the completed Request for Leave for all planned leave not less than 2 weeks in advance of the start of the requested leave or as required by law or Company Policy. By my signature, I agree that all planned leaves must be requested in writing and that leaves are not approved until the request has been signed by my manager and submitted to Management. I further understand and agree that leave may be granted, denied, or modified per Company Policy and business needs. I understand and agree that failure to obtain my manager's written approval prior to taking planned leave may result in disciplinary action up to and including discharge. I understand and agree that if I do not return to work on the above stated date, or contact my Employer regarding my failure to return, I will be considered to have voluntarily abandoned my job and my employment will be terminated effective as of the leave return date listed above. I have been advised by my manager, understand, and agree that his approval does not guarantee pay for requested leave and that leave, if paid, is subject to eligibility or as required by law or per Company Policy.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TO BE COMPLETED BY APPROVING MANAGER**

**LEAVE START DATE**     Approved as requested     Not Approved.

**List reason** \_\_\_\_\_

Received By/Date \_\_\_\_\_  
Pay Check Date \_\_\_\_\_

- |                                            |                                                |
|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Leave is Paid     | <input type="checkbox"/> Pay on Regular Payday |
| <input type="checkbox"/> Leave is NOT Paid | <input type="checkbox"/> Pay in Advance        |
| Other _____                                |                                                |

**MANAGER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_