



Leave Request Form

Personal Data

Employee Name _____

Social Security Number _____

Annual Leave Request

If you are requesting annual leave, please complete, submit, and obtain approval prior to leaving.

Begin Date _____ End Date: _____
dd mm yyyy dd mm yyyy

Total Hours _____

Sick Leave

If you have been sick, please complete and submit the form on your return. If you claim sick leave for more than five working days, please obtain a physician's statement and attach it to this claim form. You can mail or fax the claim for and physician's statement.

Begin Date _____ End Date: _____
dd mm yyyy dd mm yyyy

Total Hours _____

Reason for Absence _____

Authorization

Employee Name _____

Signature _____

Date _____

Approved By _____

Supervisor's Signature _____

Date _____