



LEAVE REQUEST FORM

Department: _____

NAME: _____ DATE: _____

I request paid leave (vacation, personal, compensatory time) for the following dates. It is understood that I will submit a weekly attendance record for the period indicated below using specific leave codes (other than sick leave) at the appropriate time. Additionally, it is my responsibility to make sure I have the appropriate leave balances available.

FIRST WEEK	PLEASE LIST ACTUAL DATE(S) REQUESTED				
	Monday	Tuesday	Wednesday	Thursday	Friday
SECOND WEEK					

Employee Signature

Date

IMMEDIATE SUPERVISOR'S RECOMMENDATION

- ☐ Recommend Approval
☐ Recommend Date Changes New Date(s):
☐ Recommend Denial

Supervisor's Signature

Date

- ☐ Approved
☐ Denied

Supervisor's Signature

Date