REQUEST FOR LEAVE FORM
VACATION OR OTHER TIME OFF

NAME:__________________ _______ DATE:__________________ __

Type of request:

- Vacation
- Comp Time
- Floating Holiday
- Bereavement
- Sick Leave
- Witness or Jury Duty

- Leave of Absence - Type:__________________
  Medical
  Doctor Appointment - (Known in advance)
  Military
  Workers Comp
  Personal

Period of time you are planning to be away from work:

Briefly describe who will be covering your work duties:

APPROVAL:__________________ _______

DATE:__________________ ____________