Leave Request Form

Date of Request:	

Employee Name: _____ Employee #: _____

Manager/Supervisor: _____ Department: _____

Vacation Details:			
Start Date:		Total Days Requested:	
End Date:			
Type of Leave:		If "Other", please specify:	
Additional Information:			

Contact Information:

Phone Number: _____ Email Address: _____

Acknowledgment:

☐ *I acknowledge that my leave request is subject to approval and that the information provided is accurate.*

Employee's Signature: _____ Date: _____

Approval Information			
Manager's Name:		Manager's Signature:	
Leave Request Status:		Date of Approval:	
Manager's Notes:			