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: