REQUEST FOR LEAVE

COMPANY NAME _____ DATE _____

EMPLOYEE NAME _____

DEPARTMENT _____ TITLE _____

TO BE COMPLETED BY EMPLOYEE

LEAVE START DATE _____ **LEAVE END DATE** _____

Please enter Return to Work Date and Day _____

TOTAL AMOUNT REQUESTED **# OF HOURS** _____ **OR** **# OF DAYS** _____

LEAVE TYPE

Please Note: *This form is NOT for FMLA/MFL eligible leave requests. Ask the Payroll Dept. for the correct form.*

- ❑ VACATION
- ❑ PERSONAL LEAVE
- ❑ SICK LEAVE
- ❑ BEREAVEMENT LEAVE
- ❑ JURY / COURT DUTY
- ❑ UNPAID LEAVE OF ABSENCE
- ❑ FMLA *Additional Documents Required*
- ❑ OTHER _____

EMPLOYEE ACKNOWLEDGEMENT

I understand and agree that it is my responsibility to give my manager the completed Request for Leave for all planned leave not less than 2 weeks in advance of the start of the requested leave or as required by law or Company Policy. By my signature, I agree that all planned leaves must be requested in writing and that leaves are not approved until the request has been signed by my manager and submitted to Management. I further understand and agree that leave may be granted, denied, or modified per Company Policy and business needs. I understand and agree that failure to obtain my manager's written approval prior to taking planned leave may result in disciplinary action up to an including discharge. I understand and agree that if I do not return to work on the above stated date, or contact my Employer regarding my failure to return, I will be considered to have voluntarily abandoned my job and my employment will be terminated effective as of the leave return date listed above. I have been advised by my manager, understand, and agree that his approval does not guarantee pay for requested leave and that leave, if paid, is subject to eligibility or as required by law or per Company Policy.

EMPLOYEE SIGNATURE _____ **DATE** _____

TO BE COMPLETED BY APPROVING MANAGER

LEAVE START DATE ❑ Approved as requested ❑ **Not** Approved.

List reason _____

Received By/Date _____

Pay Check Date _____

- ❑ Leave is Paid
- ❑ Leave is **NOT** Paid
- ❑ Pay on Regular Payday
- ❑ Pay in Advance

Other _____

MANAGER SIGNATURE _____ **DATE** _____