Leave Request

Date of Request: _____

Employee Name: _____

Employee Number: _____

Employee Position: _____

Department: _____

Manager: _____ Type of Leave:

☐ PTO ☐ Bereavement ☐ Military

☐ Maternity / Paternity ☐ Jury Duty ☐ Time-Off Without Pay

☐ Other: _____ ☐ Vacation (Only for employees hired prior to January 1, 2017 with a vacation balance.)

Number of Days Requesting: _____

Dates Requesting: _____to _____

****Per the Employee Handbook, "Every effort will be made to grant you your PTO and vacation at the time you desire. However, PTO and vacation cannot interfere with your department's operation and therefore must be requested at least two weeks in advance whenever possible."****

Employee's Signature Date

☐ Approve ☐ Rejected

Manager's Signature Date

If this form is not completely filled out and signed by the manager it will not be approved.