

REQUEST FOR LEAVE

EMPLOYEE: _____
 EMPLOYEE SIGNATURE: _____

CENTER OR WORK SITE: _____
 DATE REQUEST MADE: _____

LEAVE/ABSENCE TYPE: Annual or Personal (personal applies to HS contract employees) Discretionary (approved time off without pay)
 FML (Family Medical Leave) Bereavement Sick Military Jury Duty Workers' Comp.
 AWOL (Absence without Leave could result in occurrences)

Date(s) Off Requested	Total Hours Requested Off	Requested * Leave Type(s)	Explain reason fully if not evident. (*Note: If reason or condition is of a confidential nature put written explanation in an envelope and attach to this form.)	Substitute if applicable

***More than one type of leave may apply, eg. FML & Sick/Annual so indicate all that apply.**

COMMENTS:

Note: If supervisor disapproves request or changes the type or amount of leave available make pen & ink changes, initial these changes & return photocopy of revised form to employee.

Signature: _____	Title: _____	Date: _____	Approve: _____	Disapprove: _____	Acknowledge: _____
Signature: _____	Title: _____	Date: _____	Approve: _____	Disapprove: _____	Acknowledge: _____
Signature: _____	Title: _____	Date: _____	Approve: _____	Disapprove: _____	Acknowledge: _____
Signature: _____	Title: _____	Date: _____	Approve: _____	Disapprove: _____	Acknowledge: _____
Signature: _____	Title: _____	Date: _____	Approve: _____	Disapprove: _____	Acknowledge: _____

Note: If a serious illness or other **FML** related situation requires an absence of longer than three (3) consecutive days, or requires time off on a frequent basis, **Family Medical Leave** may apply. If you are applying for **FML** due to a health condition related to you or an immediate family member you must provide medical certification upon the prescribed form. **See Personnel Policies and Procedures Manual for a full discussion of leave.**

Remember: It is your responsibility to give the Agency as much notice as possible so that planning can be done to cover your absence. Also just because a leave request form is submitted does not mean the request is automatically granted. Agency supervision/management retains the right to approve/disapprove leave based on policy and circumstances at the time.

***** FORWARD TO PAYROLL OFFICE*****