EMPLOYEE LEAVE REQUEST FORM

EMPLOYEE NAME		EMPLOYEE ID NUMBER	TODAY'S DATE
EMPLOYEE EMAIL		WORK PHONE	PERSONAL PHONE
DEPARTMENT NAME		SUPERVISOR NAME	

LEAVE DETAILS

START DATE	END DATE	NUMBER OF HOURS REQUESTED	LEAVE CODE refer to key below or contact HR

EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE

SUPERVISOR NAME	SUPERVISOR SIGNATURE	DATE

LEAVE CODES enter description and ID for codes not listed

DESCRIPTION	CODE	DESCRIPTION	CODE

ADMINISTRATIVE USE ONLY	AMOUNT OF LEAVE APPROVED	LEAVE BALANCE REMAINING	UPDATED BY

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