



REQUEST FOR LEAVE FORM VACATION OR OTHER TIME OFF

NAME: _____ DATE: _____

Type of request:

- Vacation
- Comp Time
- Floating Holiday
- Bereavement
- Sick Leave
- Witness or Jury Duty

- Leave of Absence - Type: _____
 - Medical
 - Doctor Appointment - (Known in advance)
 - Military
 - Workers Comp
 - Personal

Period of time you are planning to be away from work:

Briefly describe who will be covering your work duties:

APPROVAL: _____

DATE: _____