

# Leave Request

## ABSENCE REQUEST INFORMATION

Employee Name:

Date:

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Department Name and Number:

Employee Number:

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Dates of Absence:

From:

To:

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Number of Hours Requested:

From (Time and AM/PM):

To (Time and AM/PM):

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Type of Absence  
Requested:

Sick

Vacation

Bereavement

Leave Without Pay

Military

Jury Duty

Maternity

Other

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Reason for Absence:

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**You must submit requests to your Department Manager for absences, other than sick leave, a minimum of two days prior to the first day you will be absent or in keeping with your department's policy.**

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Employee Signature

Date

## DEPARTMENT MANAGER REVIEW

Requested Leave is:

Approved

Rejected

Comments:

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Department Manager Signature

Date

**Submit completed forms to the Departmental Timekeeper for inclusion with the employee's timesheet.**