



**Employee Leave Request**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Leave Requested: \_\_\_\_\_ Sick Leave Reason: \_\_\_\_\_

Start Date: \_\_\_\_\_ to End Date \_\_\_\_\_ Total Hours: \_\_\_\_\_

Leave Requested: \_\_\_\_\_ Sick Leave Reason: \_\_\_\_\_

Start Date: \_\_\_\_\_ to End Date \_\_\_\_\_ Total Hours: \_\_\_\_\_

Leave Requested: \_\_\_\_\_ Sick Leave Reason: \_\_\_\_\_

Start Date: \_\_\_\_\_ to End Date \_\_\_\_\_ Total Hours: \_\_\_\_\_

When paid leave runs concurrent with FMLA, check this box.

FMLA HOURS USED \_\_\_\_\_ Choose 1: Scheduled  
Unscheduled

Total Hours of Leave Requested: \_\_\_\_\_

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I hereby certify that my absence on the above listed dates was or will be for the reason I have indicated. I understand that falsification of this request shall be considered cause for suspension or dismissal.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The request is: Approved Disapproved

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If disapproved:

Employee's record checked for availability of time requested: Checked

Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_