



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: _____

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: _____