

LEAVE REQUEST FORM

Leave forms for all other absences must be submitted either prior to leave or immediately upon returning to work where it is sick leave or bereavement leave.

Leave request

Employee name: _____

Employee number: _____ Department: _____

Manager: _____

Type of leave requested

- Annual Sick
 Bereavement Other

Date of leave From: _____ To: _____

Number of days: _____

Reason for leave: _____

Employee signature: _____ Date: _____

Manager approval

- Approved Rejected

Comments: _____

Manager signature: _____ Date: _____

Payroll approval

- Sufficient leave accrued Insufficient leave accrued

Entered into payroll system: Yes No

Payroll signature: _____ Date: _____