



**REQUEST FOR LEAVE**

EMPLOYEE NAME: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

WORK SITE: \_\_\_\_\_

**CHECK TYPE OF LEAVE BELOW**

ANNUAL LEAVE:

COURT LEAVE:  (ATTACH SUMMONS)

SICK LEAVE/PERSONAL:

FUNERAL LEAVE:

SICK LEAVE/FAMILY:

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADMINISTRATIVE LEAVE:

MILITARY LEAVE:

FMLA LEAVE:

LEAVE WITHOUT PAY:

STATE REASON FOR REQUESTING LEAVE WITHOUT PAY: \_\_\_\_\_

NUMBER OF HOURS REQUESTED: \_\_\_\_\_

BEGINNING ON: \_\_\_\_\_  
DATE

\_\_\_\_\_  
HOUR

ENDING ON: \_\_\_\_\_  
DATE

\_\_\_\_\_  
HOUR

FAMILY AND MEDICAL LEAVE ACT QUALIFYING EVENT:  
(CHECK/STATE REASON BELOW)

YES

NO

PERSONAL ILLNESS:

CHILDBIRTH:

FAMILY ILLNESS RELATIONSHIP:

JOB RELATED:

OTHER (SPECIFY): \_\_\_\_\_

BY SIGNING I AM AUTHORIZING THE AGENCY TO DEDUCT FROM MY PAY IN THE EVENT THAT I DO NOT HAVE THE LEAVE HOURS IN THE REQUESTED CATEGORY.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DENIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_