

NOTE: Please Check if **UNSCHEDULED**

Leave Request/Authorization Form

Last name	First Name	MI
800#.	Dept/Trade	
Leave Beginning Date	Leave Beginning Time	
Leave Ending Date	Leave Ending Time	
Employee Signature		
Date Submitted	Supervisor Initials	
Director/Manager Signature		
Comments		

Work Hours	Type of Leave Requested
_____ . _____	Vacation
_____ . _____	Personal Illness/ Medical Appointment. Doctor's Note Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ . _____	Family Illness / Medical Appointment Indicate Relationship: _____
_____ . _____	Military Leave (Documentation req'd - Orders, etc.)
_____ . _____	Worker's Compensation
_____ . _____	Sick Leave without pay
_____ . _____	Personal Leave Without Pay
_____ . _____	Family/Medical Leave without pay
_____ . _____	Other leave with pay (Specify below - provide documentation, jury duty subpoena, etc.)
_____ . _____	Other leave without pay (Specify in comments section at left)

Minutes-Hours Conversion: 15 min = .25 30 min = .50 45 min = .75