

VACATION / LEAVE REQUEST

CLIENT NAME _____ DATE _____

EMPLOYEE NAME _____

DEPARTMENT _____ POSITION _____

LEAVE REQUEST

Leave Start Date _____ Expected Return Date _____

OF HOURS REQUESTED _____

REASON FOR LEAVE

- | | |
|---|--|
| <input type="checkbox"/> Vacation / PTO | <input type="checkbox"/> Education / Workshop |
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Military / Reserve Duty |
| <input type="checkbox"/> Sick / Illness Leave | <input type="checkbox"/> Other _____ |

EMPLOYEE ACKNOWLEDGEMENT

I understand and agree that if I do not return to work on the above stated date, or contact my Employer regarding my failure to return, I will be considered to have voluntarily abandoned my job.

EMPLOYEE SIGNATURE _____ DATE _____

TO BE COMPLETED BY MANAGER

- | | | |
|----------------|------------------------------|-----------------------------|
| Leave Approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leave Paid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REMARKS

AUTHORIZED CLIENT SIGNATURE _____ DATE _____