



**LEAVE REQUEST** (rev 10/2020)

This form should be completed and returned to your supervisor, manager, or Human Resources. It should be returned in accordance with the time frames presented in the Employee Handbook. **Note: if you request more PTO/Vacation hours than you have accrued during the current Benefit Year, the request will be reviewed for consideration based on determined criteria. If approved, you are held accountable for borrowed hours which is considered a loan if employment ends for any reason.** Refer to your Employee Handbook for complete information. Contact Payroll for additional details.

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**EMPLOYEE SECTION**

Please indicate the type of leave requested:

- FMLA – additional documentation required
- FFCRA FMLA – additional documentation required
- FFCRA Sick Pay Leave – additional documentation required
- Military -additional documentation required
- PTO (non-exempt employees and exempt employees)
- Vacation (exempt employees)
- Bereavement- additional documentation required
- Jury Duty-additional documentation required
- School Involvement-additional documentation required
- Non-Paid

Date submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Position/Work Assignment: \_\_\_\_\_

Requested Dates: \_\_\_\_\_ Requested No. Hours: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

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**SUPERVISOR/MANAGER SECTION** -S/M has authority to approve time away from work for PTO/Vacation/Non-Paid

Leave: This is not authorization for payment for PTO/Vacation Hours. All other requested leave must be reviewed by Human Resources.

Date provided to S/M: \_\_\_\_\_

Date provided to HR: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Notes: \_\_\_\_\_

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**PAYROLL SECTION**

Date provided to Payroll: \_\_\_\_\_

Hours Requested: \_\_\_\_\_

Hours Approved: \_\_\_\_\_

Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

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HR/LR032020