



LEAVE REQUEST (rev 04/2020)

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.

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: _____

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: _____

PAYROLL SECTION

Date provided to Payroll: _____

Hours Requested: _____

Hours Approved: _____

Signature: _____

Notes: _____