

**T.A. WOODS COMPANY
LEAVE REQUEST**

This form should be completed and returned to your supervisor. In the case of PTO, it should be returned in accordance with the time frames presented in the Employee Handbook. **Note that if you request more PTO hours than you have accrued during the current Benefit Year, you are held accountable for these borrowed hours if employment ends for any reason.** Read your Employee Handbook for complete information.

EMPLOYEE SECTION

Please indicate the type of leave requested:

- FMLA**
- Military**
- PTO (non-exempt employees)**
- Bereavement**
- Jury Duty**
- School Involvement**
- Non-Paid**

EMPLOYEE SECTION

Date submitted: _____

Name: _____

Supervisor: _____

Requested Dates: _____

Employee's Signature: _____

SUPERVISOR'S SECTION

Date given to supervisor: _____

Approved _____ Disapproved _____

If disapproved, state reason:

Supervisor's Signature: _____

HUMAN RESOURCES/PAYROLL SECTION

Date given to HR/P: _____

Date of Hire: _____

Hours available for Benefit Yr _____

Hours accrued for Benefit Yr _____

Hours used to date _____

Hours available _____

Approved _____ Disapproved _____

Copy of completed request to employee _____