

## Leave Request Form

**Requester / Employee:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Total days / hours off:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

**Type of Leave to be Used:**    **Annual**            **Comp**            **LWOP**  
   **Sick**            **Admin**            **Other** \_\_\_\_\_

**Approved**

**Denied**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**