



## REQUEST FOR LEAVE

TO (*Staffing Manager*): \_\_\_\_\_

DATE (*mm/dd/yy*): \_\_\_\_\_

FROM (*Employee*): \_\_\_\_\_

I hereby apply for \_\_\_\_\_ hour(s) of leave to be taken as follows: beginning \_\_\_\_\_ through \_\_\_\_\_ ;  
*(date)* *(date)*

Date _____	Hours of Leave _____	Type of Leave _____
Date _____	Hours of Leave _____	Type of Leave _____
Date _____	Hours of Leave _____	Type of Leave _____
Date _____	Hours of Leave _____	Type of Leave _____
Date _____	Hours of Leave _____	Type of Leave _____
Date _____	Hours of Leave _____	Type of Leave _____
Date _____	Hours of Leave _____	Type of Leave _____

TYPES OF LEAVE: ANNUAL | SICK | HOLIDAY | PERSONAL | LEAVE WITHOUT PAY | MILITARY | FAMILY MEDICAL (FMLA)

\_\_\_\_\_  
*(Employee Signature)*

For Staffing Manager Only

\_\_\_\_\_  
*(Staffing Manager Signature)*

\_\_\_\_\_  
*(Date)*

- Approved
- Denied

REMARKS: