



REQUEST FOR LEAVE

DATE OF REQUEST	EMPLOYEE NAME	PROPERTY
Leave Type		
Is this leave for an FMLA qualifying event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Vacation	<input type="checkbox"/> Compensatory	Start Date: _____
<input type="checkbox"/> Jury	<input type="checkbox"/> Emergency	End Date: _____
<input type="checkbox"/> Military	<input type="checkbox"/> Personal Day	<input type="checkbox"/> Spouse, Child, Parent Illness or Injury
<input type="checkbox"/> Employee Dr. Appt.	<input type="checkbox"/> Employee Illness/Injury	<input type="checkbox"/> Birth, Adoption, Placement of Foster child
		<input type="checkbox"/> Other, Please Specify

You are entitled to _____ days leave time as of ____/____/____

Comments: _____

 Employee Signature Date

 Manager Signature Date

Enjoy your vacation!