



REQUEST FOR LEAVE FORM

LAST NAME		FIRST NAME		MI												
EMPLOYEE ID#		DEPARTMENT														
Annual Leave	Sick Leave/Employee	Sick Leave/Family	Relationship _____													
Compensatory Leave	Military Leave (attach orders)	Death in Family	Relationship _____													
Administrative Leave	Court Leave (attach summons)	Leave Without Pay	Other _____													
If leave is requested under the Family and Medical Leave Act (FMLA) please check here (note qualifying reason below)																
Qualifying Reason for FMLA: _____																
INDICATE HOURS REQUESTED (In hours and quarter hours)																
MONTH _____ YEAR _____																
DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
HOURS																
DATE	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HOURS																
Comments:																
EMPLOYEE SIGNATURE												DATE				
SUPERVISOR SIGNATURE												DATE				
OFFICE OF HUMAN RESOURCE MANAGEMENT ACTION																
THIS LEAVE QUALIFIES AND IS APPROVED FOR FMLA Effective Dates: Start Date _____ End Date _____																
THIS LEAVE DOES NOT QUALIFY FOR FMLA																
COMMENTS																
HUMAN RESOURCES SIGNATURE												DATE				