	Request for Leave Form

EMPLOYEE: _____ **DATE:** _____

Leave Type	DATE TAKEN	FROM HOUR am/pm	TO HOUR am/pm	TOTAL Hours
Vacation (include times late for work, mental health**):**				
Medical (Sick, Dr appts, Immediate family illness, mental health)				
Bereavement Leave See 15.9 of HR Policy				
Personal Leave: (3 days/year max) See 15.5 of HR Policy				
Overtime Taken				

_____ _____
Employee Signature: Date:

_____ _____
Direct Supervisor's Signature: Date:

Revised: July 15, 2021

For Office Use Only
Pay Period _____
Pay Day_____
Xyntax Input_____

Note: If you are requesting any other leave, not listed on this form, please see HR Dept.