

**VACATION/LEAVE REQUEST**

CLIENT NAME _____ DATE _____
EMPLOYEE NAME _____ SS# _____
DEPARTMENT _____ POSITION _____

LEAVE REQUEST

Leave Start Date _____ Expected Return Date _____

OF HOURS REQUESTED _____

REASON FOR LEAVE

☐ Vacation/PTO ☐ Education/ Workshop
☐ Personal Leave ☐ Military/ Reserve Duty
☐ Sick/ Illness Leave ☐ Other _____

EMPLOYEE ACKNOWLEDGMENT

I understand and agree that if I do not return to work on the above stated date, or contact my Employer regarding my failure to return, I will be considered to have voluntarily abandoned my job.

EMPLOYEE SIGNATURE _____ DATE _____
PRINT NAME _____

TO BE COMPLETED BY MANAGER

Leave Approved ☐ Yes ☐ No
Leave Paid ☐ Yes ☐ No

REMARKS

AUTHORIZED CLIENT SIGNATURE _____ DATE _____