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| --- | --- |
| Leave Request Form |  |
| Date of Request:  |
|  |  |  |
| Employee Name:  | Employee #:  |
| Manager/Supervisor:  | Department:  |
|  |  |
| **Vacation Details:** |
| Start Date:  | Total Days Requested:  |
| End Date:  |
| Type of Leave:  | If “Other”, please specify: |
| Additional Information:  |
|  |  |  |
| **Contact Information:** |
| Phone Number:  | Email Address:  |
|  |  |
| **Acknowledgment:** |
| [ ]  *I acknowledge that my leave request is subject to approval and that the information provided is accurate.* |
| Employee’s Signature:  | Date:  |
|  |  |
|  |  |  |
| **Approval Information** |
| Manager’s Name:  | Manager’s Signature:  |
| Leave Request Status:  | Date of Approval:  |
| Manager’s Notes:  |

