



ADM 11: Employee Leave Request Form

Name: _____

A request for leave must be completed prior to each planned absence from work and submitted to your Employer for approval. A form for unanticipated illness should be completed upon your return to assist with record keeping.

Type of Leave:	From:	To:	Date returning to work	Number of days taken:
Vacation				
Personal Day				
Sick				
Other:				

Total number of day(s)/hours away (not including weekends and holidays) _____

Employee's Signature _____ Date: _____

Comments:

Approved / Not Approved

Employer Signature: _____ Date: _____