

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Department: \_\_\_\_\_ Position: \_\_\_\_\_

### LEAVE REQUEST

Leave Start Date: \_\_\_\_\_ Expected Return Date: \_\_\_\_\_

Number of Hours Requested: \_\_\_\_\_

Reason For Leave:

- |   |  |
|---|--|
| <input type="checkbox"/> Vacation / PTO           | <input type="checkbox"/> Education / Workshop    |
| <input type="checkbox"/> Personal Leave           | <input type="checkbox"/> Military / Reserve Duty |
| <input type="checkbox"/> Sickness / Illness Leave | <input type="checkbox"/> 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: \_\_\_\_\_

### TO BE COMPLETED BY MANAGER

Leave Approved  Yes  No  
Leave Paid  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_