

			VACATION / LEAVE REQUEST
CLIENT NAME			Date
EMPLOYEE NAME			
DEPARTMENT .	Position		
LEAVE REQUEST			
Leave Start Date		Expected Return Date	
# OF HOURS REQUESTED	<u> </u>		
REASON FOR LEAVE			
Vacation / PTO Personal Leave Sick / Illness Le		Education / Workshop Military / Reserve Duty Other	
	EMPLOY	EE ACKNOWLEDGEMENT	
		to work on the above stated o ered to have voluntarily aban	date, or contact my Employer doned my job.
EMPLOYEE SIGNATURE			DATE
TO BE COMPLETED BY M	MANAGER		
Leave Approved	I ☐ Yes	☐ No	
Leave Paid	☐ Yes	□ No	
REMARKS			
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AUTHORIZED CLIENT SIG	SNATURE		DATE

Revised 01/17/2019 Advanced HR