



# LEAVE REQUEST FORM

*Vacation Leave is only allowed between May 15<sup>th</sup> – August 15<sup>th</sup>*

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Location: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mark next to the appropriate type of leave.**

\_\_\_\_ Sick Leave\*    \_\_\_\_ Vacation Leave\*\*    \_\_\_\_ Personal Leave (16 hours annually)

\_\_\_\_ Bereavement    \_\_\_\_ Workers Comp    \_\_\_\_ Other \_\_\_\_\_

**Date(s) of Leave** (mm/dd/yy): \_\_\_\_\_ through \_\_\_\_\_

**Please indicate dates and hours for each day in the comment section below**

Monday    Date \_\_\_\_\_    Hours \_\_\_\_\_    Type of Leave \_\_\_\_\_

Tuesday    Date \_\_\_\_\_    Hours \_\_\_\_\_    Type of Leave \_\_\_\_\_

Wednesday    Date \_\_\_\_\_    Hours \_\_\_\_\_    Type of Leave \_\_\_\_\_

Thursday    Date \_\_\_\_\_    Hours \_\_\_\_\_    Type of Leave \_\_\_\_\_

Friday    Date \_\_\_\_\_    Hours \_\_\_\_\_    Type of Leave \_\_\_\_\_

Total number of hours missed: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VP Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President's signature required if NOT submitted within 24 hours of returning to work.

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Sick Leave accumulates up to 480 hours.

\*\* Vacation Leave accumulates up to 160 hours.

Please note not all employees are eligible for vacation accrual.

**All vacation taken between the dates of August 16<sup>th</sup> – May 14<sup>th</sup> MUST be approved by the President.**

For questions pertaining to the leave policies, please contact:

Human Resources at 254-647-3234 ext. 7037