



REQUEST FOR LEAVE

Please complete and submit this form to Human Resources. . HR will follow up with next steps.

Employee Name: _____

Position/Bldg: _____

Reports To: _____

Date Form Submitted/Leave Requested:

A) Type of request: check the appropriate reason(s) below

- 1) I am requesting Advancement of sick leave (possibly up to 5 days)
- 2) I am requesting Unpaid Leave

B) Please provide additional information to support the reason(s) for the leave:

Leave due to health care provider's advice:

Name of health care provider advising me or immediate family member (***will be asked to provide doctor's note**): _____

C) Please provide the dates of the requested leave:

Leave to begin on: _____

Leave to end on: _____

Any additional details regarding you request:

I certify that the information I have provided in this form is accurate. I understand that it is my responsibility to notify Human Resources immediately if there is any change to my leave request above.

Employee signature

Date

APPROVAL SIGNATURE: _____