



Request for Leave/Absence Report Form

Employee Information

Employee Name:	Today's Date:
Department:	Supervisor:
Employee Signature:	

Hourly Part Time Employees

- ☐ Paid Sick Leave
 - ☐ Date(s) of shift(s): _____
 - ☐ Hours: _____
- ☐ Unpaid Leave
 - ☐ Date(s): _____
 - ☐ Hours: _____
- ☐ Extended Leave*
- ☐ Other (explain in comments)

Comments:

Full Time Employees

- ☐ Paid Time Off
 - ☐ Date(s): _____
 - ☐ Number of Days: _____
 - ☐ Hours: _____
 - ☐ Cash Out: ☐ Yes ☐ No
- ☐ Unpaid Leave
 - ☐ Date(s): _____
 - ☐ Hours: _____
- ☐ Extended Leave*
- ☐ Other (explain in Comments)

Comments:

Review (for Supervisor Only)

- ☐ Approved as requested
- ☐ Approved with changes (explain in comments)
- ☐ Denied (explain in comments)

Comments:

Supervisor Signature:	Date:
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Payroll

Available hours:	Initials:	Date:
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