

VACATION / LEAVE REQUEST

CLIENT NAME _____ DATE _____

EMPLOYEE NAME _____

DEPARTMENT _____ POSITION _____

LEAVE REQUEST

Leave Start Date _____ Expected Return Date _____

OF HOURS REQUESTED _____

REASON FOR LEAVE

Vacation / PTO
Personal Leave
Sick / Illness Leave

Education / Workshop
Military / Reserve Duty
Other _____

EMPLOYEE ACKNOWLEDGEMENT

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** _____
