

EMPLOYEE LEAVE REQUEST



Employee Name:		Date:	
Job Title:			
Employee ID:			

Please Note The Following:

Leave requests must be submitted at least three weeks prior to the start date of your request. All leave requests are subject to approval by management.

Type of Leave Requested

Sick Leave	<input type="checkbox"/>
Annual Leave	<input type="checkbox"/>
Unpaid Leave	<input type="checkbox"/>
Paternal Leave	<input type="checkbox"/>
Bereavement Leave	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>

Dates Requested

Start Date:	
Return Date:	

I understand that this request is subject to approval by my employer

Employee Signature: _____ Date Signed: _____

Leave Approval

Approved	<input type="checkbox"/>	Comments
Rejected	<input type="checkbox"/>	

Manager's Signature: _____ Date Signed: _____