



# Unified Government Human Resources Guide

Effective 04-01-05

## LEAVE REQUEST FORM

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dept./Division: \_\_\_\_\_ Job Title: \_\_\_\_\_

### TYPE OF LEAVE

Vacation:  \_\_\_\_\_ Hrs      Sick:  \_\_\_\_\_ Hrs      Personal Leave:  \_\_\_\_\_ Hrs

### DATE(S) OF LEAVE REQUESTED

Date(s) Requested: \_\_\_\_\_

Number of Hours Available for Type of Leave Requested:       Vacation: \_\_\_\_\_

Sick: \_\_\_\_\_

Personal Leave: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SUPERVISOR'S REPLY

Request Approved: \_\_\_\_\_

Request Denied: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dept./Division Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_