



LEAVE REQUEST/RETURN FROM LEAVE FORM

Employee's Name: _____ Date: _____

LEAVE REQUEST

REASON FOR LEAVE:

Illness

Vacation

Military

Business/Professional

Compensatory time off

Jury Duty

Family Illness (relationship) _____

Family Death (relationship) _____

Other Reason (explain) _____

LEAVE REQUESTED:

FROM: Date: _____ Time: _____ A.M.
P.M. Total number of hours requested: _____

TO: Date: _____ Time: _____ A.M.
P.M. Total number of days requested: _____ or

The following arrangements have been made to take care of my duties during my absence: _____

Employee

Immediate Supervisor

Director of Human Resources

RETURN FROM UNREQUESTED LEAVE

ABSENT:

FROM: Date: _____ Time: _____ A.M.
P.M. Total number of hours absent: _____

TO: Date: _____ Time: _____ A.M.
P.M. Total number of days absent: _____ or

Excused/Warranted

Not excused/not warranted (explain) _____

EMPLOYEE: For extended medical leave

Resumed work full-time

Resumed work part-time

Resumed modified duty (explain): _____

Other (explain): _____

Affirmed by: _____
Supervisor/Department Head

Date: _____

Employee: _____

Date: _____