

OPM 71 Leave Form PDF

Federal Employee Information

- Employee Name: _____
- Agency/Department: _____
- Position Title: _____
- Employee ID: _____

Leave Request

- Type of Leave Requested:
 - () Annual
 - () Sick
 - () Family Care
 - () Other: _____
- Start Date: _____
- End Date: _____
- Total Hours/Days Requested: _____

Reason for Leave

- Explain the Need for Leave:

Supervisor's Section

- Approval Status:
 - () Approved
 - () Denied
- Supervisor's Signature: _____
- Date: _____

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- **Remarks:**
