

**LEAVE REQUEST**

**Please check one:**     Vacation     Sick     Personal Day

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

\_\_\_\_\_  
Employee Name

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

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verified

\_\_\_\_\_  
Date

(payroll copy)  
cc: HR

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

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date(s) requested

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verified

\_\_\_\_\_  
Date

(employee copy)  
cc: HR

