			REQUEST FOR LEAVE
urth			
COMPANY NAME			DATE
EMPLOYEE NAME			
DEPARTMENT		TITLE	
TO BE COMPLETED BY EMPLO	<u>YEE</u>		
LEAVE START DATE		LEAVE ENI	DATE
_	Please enter Retur	n to Work Date a	nd Day
TOTAL AMOUNT REQUES	TED # OF HOURS	OR	# OF Days
LEAVE TYPE			
	IOT for FMLA/MFL eligible le	eave requests. Ask	the Payroll Dept. for the correct form.
■ VACATION	I	☐ Jury / Co	URT DUTY
PERSONAL			AVE OF ABSENCE
☐ SICK LEAV	'E MENT LEAVE	☐ FMLA A ☐ OTHER	dditional Documents Required
☐ DEREAVEN	MENT LEAVE		_
I understand and agree that it is my responsibility to give my manager the completed Request for Leave for all planned leave not less than 2 weeks in advance of the start of the requested leave or as required by law or Company Policy. By my signature, I agree that all planned leaves must be requested in writing and that leaves are not approved until the request has been signed by my manager and submitted to Management. I further understand and agree that leave may be granted, denied, or modified per Company Policy and business needs. I understand and agree that failure to obtain my manager.s written approval prior to taking planned leave may result in disciplinary action up to an including discharge. I understand and agree that if I do not return to work on the above stated date, or contact my Employer regarding my failure to return, I will be considered to have voluntarily abandoned my job and my employment will be terminated effective as of the leave return date listed above. I have been advised by my manager, understand, and agree that his approval does not guarantee pay for requested leave and that leave, if paid, is subject to eligibility or as required by law or per Company Policy. EMPLOYEE SIGNATURE DATE TO BE COMPLETED BY APPROVING MANAGER LEAVE START DATE Approved as requested Not Approved.			
<u>List reason</u>			
Received By/Date Pay Check Date			
☐ Leave is Paid☐ Leave is NOT Paid☐	Pay on Regular Payo Pay in Advance Other		
Manager Signature			DATE

Request for Leave Confidential Fourth