



# REQUEST FOR LEAVE FORM

NAME:

POSITION:

EMAIL:

SUPERVISOR:

TYPE OF LEAVE:

Vacation

Sick

Dependent (Relationship)

Compassionate (Relationship)

Professional Development (please specify):

Leave of Absence without Pay

Other (please specify):

Number of working days taken:                      days =                      total hours

From (date):

To (date):

If less than a full day, please indicate:

From (time)                      to (time)                      =                      number of hours

**Clicking this box indicates the employee's e-signature.**

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## NEXT STEPS:

- Please email this form to your direct supervisor for approval.
- When you have received email approval please forward a copy of this form with the email approval you have received from your supervisor to [Brian Nelson](#).
- Brian will confirm receipt and entry into the database by return email.