

**VACATION / LEAVE REQUEST**

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

**LEAVE REQUEST**

Leave Start Date \_\_\_\_\_ Expected Return Date \_\_\_\_\_

**# OF HOURS REQUESTED** \_\_\_\_\_

**REASON FOR LEAVE**

- |   |  |
|---|--|
| <input type="checkbox"/> Vacation / PTO       | <input type="checkbox"/> Education / Workshop    |
| <input type="checkbox"/> Personal Leave       | <input type="checkbox"/> Military / Reserve Duty |
| <input type="checkbox"/> Sick / Illness Leave | <input type="checkbox"/> Other _____             |

**EMPLOYEE ACKNOWLEDGEMENT**

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.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TO BE COMPLETED BY MANAGER**

- |                |                              |                             |
|----------------|------------------------------|-----------------------------|
| Leave Approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leave Paid     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED CLIENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_