# Request for Leave

**Type Leave Requested:**
- [ ] Supplemental Leave
- [ ] Annual Leave
- [ ] Leave Without Pay
- [ ] Sick Leave

**Use a Separate Form for Each Absence**

## Supplemental Leave
- Court*
- Optional Holiday*
- Worked on Holiday*
- Date of Holiday
- Military*
- Date of Holiday (Administrative (Assaulted by a patient/client)*
- Blood Donation**
- Working on Holiday*:
- Date of Holiday
- Name of Deceased
- Date and Place of Death
- Relationship

## Annual Leave
- Vacation
- Illness
- Other - Please explain:

## Leave Without Pay
- Is this Family Medical Leave? **NO**
- Child Birth**
- Personal Illness/Accident**
- Illness in Family**
- Other** - Please explain:

## Sick Leave
- Is this Family Medical Leave? **NO**
- Child Birth**
- Placement for:
  - Adoption**
  - Foster Care**
- Medical Appointments
  - Personal (Illness/Accident)
  - Illness in Family**
  - More than 3 days**
  - Less than 3 days**
- Other** - Please explain:

## Leave Details

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount Requested</th>
<th>Date(s)</th>
<th>Time(s)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Leave</td>
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<tr>
<td>Annual Leave</td>
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<tr>
<td>Leave Without Pay</td>
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<tr>
<td>Sick Leave</td>
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</tbody>
</table>

*Requires supporting documentation

**Employee Signature:**

**Date:**

**Supervisor Approval:**

**Date:**

(Use this section for Family Medical Leave Act (FMLA) Approvals Only)

I hereby certify that the above named employee meets the requirements for FMLA and that this leave is approved.

**Department Head Signature:**

**Date:**

**HRM Approval:**

**Date:**

**For Department Use Only: For Payroll & Leave Record Keeping**

**Date Leave Recorded:**

**Leave Type:**
- Annual
- Sick
- Admin
- Initials: