LEAVE REQUEST FORM

(Requests for Bereavement require a separate form)

Part I: To be completed by Employee

Employee: _____ **Date:** _____
(Print)

Dept: _____

Type of Leave Requested (Check one.)	**Date(s)**	**# of Hours**
☐ Annual ☐ Personal ☐ Compensatory ☐ Sick ☐ Administrative ☐ Leave without pay ☐ Other (Please explain below.) _____ _____	_____	_____
☐ Annual ☐ Personal ☐ Compensatory ☐ Sick ☐ Administrative ☐ Leave without pay ☐ Other (Please explain below.) _____ _____	_____	_____

_____ _____
Employee Signature **Date**

Part II: To be completed by Supervisor/Administrative Official

☐ **Approved** ☐ **Disapproved**

Remarks: (Reason for denial of leave must be documented.)

_____

_____

_____

_____ _____
Supervisor/Administrative Official Signature **Date**

Management – retain a copy for your records and return the original to the employee.

For internal use only. **Do not send to Judiciary Human Resources**

RESET FORM