



EMPLOYEE LEAVE REQUEST FORM

Employee Name:		Request Date:			
Social Security Number:		Project/Location:			
Requested Leave Type:	Requested Leave Starts	Requested Leave Ends	Days Requested	Available	Supervisor/Accounting/Human Resources Use Only
Vacation					<input type="checkbox"/> Approved/ <input type="checkbox"/> Denied
Floating Holiday					<input type="checkbox"/> Approved/ <input type="checkbox"/> Denied
Sick					<input type="checkbox"/> Approved/ <input type="checkbox"/> Denied
Funeral Leave					<input type="checkbox"/> Approved/ <input type="checkbox"/> Denied
Military Leave					N/A
Jury Duty					N/A
Workers Compensation Illness or Injury					<input type="checkbox"/> Approved/ <input type="checkbox"/> Denied
Family Leave					<input type="checkbox"/> Approved/ <input type="checkbox"/> Denied
Additional Information or Required Documentation					
SICK DAYS Doctor's note required if over three (3) days.		<input type="checkbox"/> ATTACHED <input type="checkbox"/> NONE REQUIRED Reason:			
FUNERAL LEAVE		Upon completion of the ninety-day orientation period, an employee is allowed up to three full days in any one year to attend the funeral and other activities related to death of a member of the immediate family and/or grandparent. Immediate family includes spouse, children, stepchildren, brother, sister, parents, or spouse's parents. Relationship of deceased to employee:			
MILITARY LEAVE		<input type="checkbox"/> Company to pay full salary during absence and charge time against accrued vacation. Absences exceeding accrued vacation to be a leave of absence without pay. <input type="checkbox"/> Employee not to be paid for absence and will be entitled to full-accrued vacation not to exceed 30 days. <input type="checkbox"/> Employee is required to report for active duty. Leave of Absence will be without pay. Earned vacation will be taken.			
JURY DUTY		Upon completion of the ninety-day orientation period, full-time employees required to serve on a jury will receive up to 5 days in any one year in addition to any jury pay received, provided proof of service is furnished. Proof of service attached: YES <input type="checkbox"/> NO <input type="checkbox"/>			
FAMILY/MEDICAL LEAVE		Application to be mailed to employee by Human Resources Department to the following address:			
Employee Signature				Date:	
Supervisor's Signature				Date:	
Accounting	Date Received:			Posted:	
Human Resources	Date Received:			Comments:	