

LEAVE REQUEST FORM

Section 1

First Name: _____ MI: _____

Last Name: _____

CWID: _____ Department: _____

Section 2

LEAVE INFORMATION

Current Leave Balance: _____

LEAVE TYPE

() Annual Leave () Sick Leave () Compensatory Leave

LEAVE PERIOD

FROM: _____ TO: _____

Total Hours taken: _____

Section 3

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Instructions

1. Employee must complete Sections 1 and 2 then sign and date in Section 3.
2. Supervisor must sign and date Section 3.
3. Supervisor will give employee a copy of approved leave form.
4. Attach to payroll certification, if leave taken, and forward to the **payroll office**.
5. If no leave is taken, please destroy this form.
6. **Maintain three (3) copies – one for employee, one for supervisor, and one to attach to payroll certification**