

Leave Request and Availability

Employee Name: _____

Date: _____

Leave/Time-Off Request

I would like the following days off:

	<i>Begin Date</i>	<i>Return Date</i>	<i>Comments</i>	
Vacation				<input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY
Bereavement				<input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY
Jury duty				<input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY
Family leave without pay				<input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY
Maternity leave without pay				<input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY
Medical leave without pay				<input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY
Military leave without pay				<input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY
Other				<input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY

Schedule Availability

For scheduling purposes, here are the days and hours I am available to work during the week of:

	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
AM							
From:							
To:							
PM							
From:							
To:							

Employee Signature _____ By clicking the Submit button, I am signing electronically.

Supervisor Signature _____ APPROVED DISAPPROVED

Comments: