



## Vacation/Leave Request Form

**INSTRUCTIONS:** Please submit your request to your supervisor at least four (4) weeks prior to the requested START DATE. **FMLA** is a separate form.

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| <b>Employee</b>  | <b>Social Security Number</b>  |
|  |  |
| <b>Client</b>  | <b>Supervisor</b>  |
|  |  |
| <b>TYPE OF LEAVE</b>   |  |
| <input type="checkbox"/> Paid Time Off <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Personal |  |
| <b>DATES OF LEAVE</b>  |  |
| Begins on:   | Ends on:   |
|  | Is this to be used with FMLA? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>PTO USED</b>  |  |
| <b>Note:</b> Only Put Actual Days Being Paid - Not Days Off ( <i>Example 5 days off, but paid for 3 days</i> )                                 |  |
| Total Days to be Paid:   |  |
| Total Days/Hours Available:  | Initialed by:  |
| Total Days Used this Request:  | Initialed by:  |
|  |  |

**Approved**                     
  **Denied**

Please state reason(s) for denial of leave pay:

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Employee Signature Date

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Supervisor Signature Date

Your paycheck will be processed as usual unless other arrangements are made with your supervisor.