



**LEAVE REQUEST FORM**

*Updated December 11, 2013*

- This is the only acceptable form to submit.
- Completion of a Leave Request Form is the responsibility of each employee involved in the process.
- Please use the following guidelines to ensure that the proper procedures for notifying and documenting time are followed. Please make sure that form is routed in a timely manner (within a day of receipt).
- If you have any questions about this form or process, please contact the Human Resources Coordinator.

**Planned Leaves (Vacation, Jury Duty, etc.)**

1. Employee notifies and obtains prior approval for time off from your direct supervisor by completing this form and receiving appropriate signatures.
2. Employee completes this form and obtain prior approval signature.
3. Employee or supervisor sends original signed form to Payroll **before planned leave**.
4. Payroll (Lily Caraan) routes form to Executive Director and HR Coordinator **before planned leave**.

**Other Leaves (Sick, Bereavement, etc.)**

1. Employee notifies direct supervisor as soon as possible. Supervisor provides employee with informational materials including a) Copy of Employee Handbook; b) Any governmental publications informing you of procedures to follow relating to your leave; c) Any other relevant information.
2. Before leave, employee complete and sign this form and obtain supervisor approval.
3. Employee or supervisor sends original signed form to Payroll (**preferably before leave of absence**).
4. Employee sends **Certification from the health care provider** (according to the directions in Employee Handbook) to Payroll (Lily Caraan) **preferably before leave of absence**.
5. Payroll (Lily Caraan) routes form to Executive Director and HR Coordinator (Terry Goddard and Caroline McKiernan) **preferably before leave of absence**.

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
(Printed Name and Signature Required Here)

DATE LEAVE BEGINS AND ENDS	# HOURS OF MEDICAL LEAVE OF ABSENCE	# of BEREAVEMENT HOURS	# of JURY DUTY HOURS	# of VACATION HOURS	# OTHER HOURS (Including Suspensions or other Leaves)	TOTAL NUMBER of HOURS REQUESTED

If you are requesting "other" time off, please explain:

\_\_\_\_\_

\_\_\_\_\_  
Employee Printed Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Representative Printed Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director Printed Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Coordinator Printed Name and Signature

\_\_\_\_\_  
Date