

LEAVE/ABSENCE FORM

Employee _____

Date of request _____

Team _____

Department _____

TYPE OF LEAVE

☐ Personal Leave

☐ Family Medical Leave (FMLA)

☐ Other

Reason for absence: _____
(Admin - for callouts, include date and time of call)

*Accrued personal leave will not be paid without approval. Personal leave cannot exceed scheduled hours on the Change of Status form. Personal leave cannot be paid to exceed 40 hours per week.

DAYS AND DATES OFF

	MON	TUE	WED	THU	FRI	SAT	SUN
DATE							
SHIFT							
TOTAL HOURS							

For Admin use only

Total Hours of Leave
Approvable:

For scheduled absences, if you have someone who is willing to work your shift, then fill in this section with a phone number to reach them. Management must approve the substitute and will contact that person.

Name	Date willing to work	Shift willing to work	Phone Number

Employee: _____

Date _____

For Administrative Use only

Scheduled Leave	Unscheduled Absence	Leave to be Paid
<input type="checkbox"/> Denied Reason: _____	<input type="checkbox"/> Unexcused Reason: _____	<input type="checkbox"/> Approved
<input type="checkbox"/> Approved Date Received: _____	<input type="checkbox"/> Excused Tardy <input type="checkbox"/> Unexcused	<input type="checkbox"/> Denied

Supervisor: _____

Date _____