

SAMPLE REQUEST FOR LEAVE FORM

Employee Name

Department

Social Security Number

Date of Request

Leave Category Requested

Reason for Leave

Paid Leave

Vacation/Personal Leave

Unpaid Leave

Illness of Family Member
(relationship: _____)

Other (Explain: _____)

Employee's Illness

Care for Newborn/Adopted Child

Other (Explain: _____)

Beginning Date of Leave

Ending Date of Leave

Address During Leave

Phone No. During Leave

Employee Signature

Special Circumstances (Explain): _____

_____.