



## LEAVE REQUEST/RETURN FROM LEAVE FORM

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### LEAVE REQUEST

#### REASON FOR LEAVE:

- Illness
- Vacation
- Military
- Business/Professional
- Compensatory time off
- Jury Duty
- Family Illness (relationship) \_\_\_\_\_
- Family Death (relationship) \_\_\_\_\_
- Other Reason (explain) \_\_\_\_\_

#### LEAVE REQUESTED:

FROM: Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M. Total number of hours requested: \_\_\_\_\_

TO: Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M. Total number of days requested: \_\_\_\_\_ or \_\_\_\_\_

The following arrangements have been made to take care of my duties during my absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Immediate Supervisor

### RETURN FROM UNREQUESTED LEAVE

#### ABSENT:

FROM: Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M. Total number of hours absent: \_\_\_\_\_

TO: Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M. Total number of days absent: \_\_\_\_\_

- Excused/warranted
- Not excused/not warranted (explain) \_\_\_\_\_

#### EMPLOYEE: For extended medical leave

- Resumed work full-time
- Resumed modified duty (explain): \_\_\_\_\_
- Resumed work part-time
- Other (explain): \_\_\_\_\_

Affirmed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor/Department Head

Employee: \_\_\_\_\_ Date: \_\_\_\_\_