



# EMPLOYEE LEAVE REPORT

Name \_\_\_\_\_ Department \_\_\_\_\_

Social Security Number or K Number \_\_\_\_\_

Date(s) Requested or Absent \_\_\_\_\_

## PURPOSE FOR LEAVE

Personal Sick Leave

Vacation

Personal Leave

Death in Immediate Family

HOURS \_\_\_\_\_

APPROVED

NOT APPROVED

PLEASE NOTE:

**LEAVE CAN ONLY BE TAKEN IN  
ONE HOUR INCREMENTS OR HOURS  
WILL BE ROUNDED UP.**

DATE \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

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