



EMPLOYEE LEAVE REPORT

Name _____ Department _____

Social Security Number or K Number _____

Date(s) Requested or Absent _____

PURPOSE FOR LEAVE

- | | |
|---|---|
| <input type="checkbox"/> Personal Sick Leave | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Illness in Immediate Family | <input type="checkbox"/> Personal Leave |
| <input type="checkbox"/> Illness in Immediate Family (Sick Leave Reduction) | <input type="checkbox"/> Military Leave |
| <input type="checkbox"/> Death in Immediate Family | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Death of Other Relatives or Friends | |

TOTAL NUMBER OF DAYS _____

APPROVED

HOURS _____

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