

EMPLOYEE LEAVE REQUEST

Name: (Last, First, Middle)		Last 4 numbers of SSN:		Today's Date:	
Department:	Date(s) of Absence: From: To:	Hour(s) of Absence: From: To:		Total Hour(s) Requested:	
Type of Absence:					
Annual Leave (170)	▷	For FMLA?	Yes	No	With Workers' Compensation? Yes No
Sick Leave (180)	▷	For FMLA?	Yes	No	With Workers' Compensation? Yes No
Court Leave (250)					
Compensatory Time (190)					
Death in Immediate Family (240) ▷ Check one:					
Spouse	Brother/Sister In-law	Employee's Grandparent	Employee's Great Grandparent		
Child	Son/Daughter In-law	Spouse's Grandparent	Spouse's Great Grandparent		
Grandchild	Employee's Parent	Employee's Brother/Sister	Employee's Legal Guardian		
Great Grandchild	Spouse's Parent	Spouse's Brother/Sister	Spouse's Legal Guardian		
Family Sick Leave (184) ▷ Check one:					
Spouse	Child	Spouse's Parent	Spouse's Grandparent		
Grandchild*	Employee's Parent	Spouse's Brother/Sister	Employee's Legal Guardian		
*Only if resides with you.		Employee's Brother/Sister	Employee's Grandparent	Spouse's Legal Guardian	
Military Leave (230) ▷ Attach Orders					
Leave without Pay (420)					
Other: (Please Explain) _____					
Approve			Disapprove		
_____		_____		_____	
Employee's Signature		Date		Supervisor's Signature	
				Date	

HR-502

Payroll Copy (Exempt Employees) / Department Copy (Non-exempt Employees)

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Other: (Please Explain) _____					
Approve			Disapprove		
_____		_____		_____	
Employee's Signature		Date		Supervisor's Signature	
				Date	

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Employee Copy