



**Vacation/Personal/Sick Leave Request Form**

**Date:** \_\_\_\_\_

**Employee:** \_\_\_\_\_

**Date(s) requested: From** \_\_\_\_\_ **Through** \_\_\_\_\_

**Last day of work:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

**Total Number of Hours Requested:** \_\_\_\_\_

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved**

**Not Approved**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_