

LEAVE REQUEST FORM

Employee Name: Today's Date:

LEAVE INFORMATION:

■ **Duration of Leave**

Days of Leave:
(Enter each day taken off)

Day Returning to Work:

■ **Hours/Type of Leave - (Write in total hours requested for each category)**

Vacation

Bereavement

Holiday

Family Emergency

Personal

Jury Duty

Sick *(Physician Statement required after 3 days)*

■ **Leave is With Pay**

Leave is Without Pay

COVERAGE NEEDED

Person Supported	Staff	Planned Dates of Coverage

Substitute Signature

Staff Signature

SUPERVISOR APPROVAL

Requested Hours Verified: _____

Supervisor Signature

Leave Has Been: Approved Disapproved

NOTE: PLEASE BE SURE LEAVE TIME IS ENTERED ONTO PINNACLE. KEEP THIS FORM FOR YOUR RECORDS.