

LEAVE REQUEST-EXEMPT EMPLOYEE

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)**

- | | |
|---|---------------------------------------|
| <input type="text"/> Vacation | <input type="text"/> Bereavement |
| <input type="text"/> Holiday | <input type="text"/> Family Emergency |
| <input type="text"/> Floating Holiday | <input type="text"/> Jury Duty |
| <input type="text"/> Sick <i>(Physician Statement required after 3 days) FMLA (Medical Leave)</i> | |

■ **Leave is With Pay** **Leave is Without Pay**

Staff Signature

SUPERVISOR APPROVAL

Requested Days Verified: _____

Supervisor Signature

Leave Has Been: Approved Disapproved

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