



Employee Leave Request

Employee: _____ Dept: _____

Type of Leave (please use a separate form for each "type" of leave within a period):

- Vacation Bereavement
- Sick Other* _____

Month and year: _____

Write in number of hours next to the days requested:

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31									

Total Hours: _____

Employee Signature: _____ Date: _____

Supervisor: Approved Denied

Supervisor Signature: _____ Date: _____

If denied, explain and return to employee: _____

*Other types of leave may include jury duty, military service, FMLA, personal preference, etc. Some types of leave are unpaid. See DXATC policies for details.