REQUEST FOR LEAVE

This form must be completed and signed by your supervisor 14 days prior to your departure.

Todays Date:	

Name:	

(Print)

Status (check one) Exempt Non-Exempt: ☐ Full-Time ☐ Part-Time

Type of Leave:
- ☐ PTO
  - ☐ Scheduled
  - ☐ Unscheduled
- ☐ Jury Duty
- ☐ Bereavement
- ☐ Unpaid Leave
- ☐ Fundraising Leave
- ☐ Spiritual Retreat

No. of days requested: _____ No. of Hours requested: _____
(8 hour increments for PTO)

Last day worked prior to leave: _____

Leave Start Date: _____ Time _____

Return to Work Date: _____ Time _____

Employee Signature: _____

☐ Approved ☐ Disapproved

_____ _____
Supervisor* Date

** You must confirm the PTO available for use with HR or Payroll before signing this document.*

Exempt Employees: *PTO can only be taken in 8 hour increments.*

NOTE: Give form to your supervisor who will sign it and route the originial to HR. If time off includes fundraising activities, the Development Leave form must be routed along with this request. HR will route copies back to you and to payroll.

Failure to return from a leave on the agreed upon date without an approved extension will result in termination for job abandonment.