



Leave Request Form

Leave Information								
Associate Name:							Date:	
Project:								
Manager:								
Type of Absence Requested:								
<input type="checkbox"/>	Sick	<input type="checkbox"/>	Vacation	<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	Time Off Without Pay	
<input type="checkbox"/>	Military	<input type="checkbox"/>	Jury Duty	<input type="checkbox"/>	Maternity/Paternity	<input type="checkbox"/>	Other	
Date of Absence:				Date of Return:				
Reason for Absence:								
<i>You must submit requests for absences, other than sick leave, three days prior to the first day you will be absent.</i>								
Associate Signature						Date		
Manager Approval								
<input type="checkbox"/>	Approved							
<input type="checkbox"/>	Rejected							
Comments:								
Manager Signature						Date		