

# LEAVE REQUEST FORM

Time-Off Application

<b>Employee Name:</b>	<i>[Name]</i>
<b>Department:</b>	<i>[Department]</i>
<b>Date of Request:</b>	<i>[Date]</i>

## 1. Type of Leave Requested

Paid Time Off (Vacation)    Sick Leave    Unpaid Leave    Other: .....

## 2. Leave Duration

**Start Date:** *[Date]*      **End Date:** *[Date]*      **Total Days:** *[#]*

## 3. Reason / Additional Comments (Optional)

*[Provide details or coverage plans if applicable...]*

## 4. Approvals (Internal Workflow)

**Employee Signature**

**Manager Approval**

\_\_\_\_\_

Date: .....

\_\_\_\_\_

Date: .....

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