

Request Leave Form

Payroll will need a leave form filled out for any absence during your regular shift.

FOR PAY PERIOD ENDING _____

Employee Name _____

Last 4 of SSN _____

Today's date _____

Department _____

Type of Leave:

Sick* Vacation Military FMLA Other

**Three consecutive sick days → doctor's note must be provided per policy.*

Comments: _____

Date(s) Requested _____

Total Hours _____

Any and all leave must be approved by the Elected Official or Department Head and meet the qualifications of the specific leave requested. Please give supervisor adequate notice of planned leave time. See Section V. Benefits of the HTC Personnel Policy.

Employee Signature _____

Elected Official/

Dept Head Signature _____

Date Approved _____

Received by HR _____