



Staff Leave/PTO Request Form

Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_
Department: \_\_\_\_\_ Job Title: \_\_\_\_\_
If Hourly- Length of Shift in Hours: \_\_\_\_\_ # of Days absent: \_\_\_\_\_

Type of Leave

- Illness/Sick, FMLA (see HR), Other, Bereavement (see HR), Paid Time Off, Unpaid Personal Leave, Floating Holiday

Dates of Leave

First Date of Leave: \_\_\_\_\_ Last Date of Leave: \_\_\_\_\_

For Any Personal Leave (Paid or Unpaid)

Reason for Leave: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Leave Policies

- Annual leave must be requested as far in advance as possible and is subject to approval by your supervisor.
When annual leave is used for illness, you must notify your supervisor each day you are absent.
No compensation is paid in lieu of leave.

Acknowledgement of Leave Policies

By signing this form, you confirm that you understand that you have read pages 35-40 of the Staff Handbook.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Signature \_\_\_\_\_ Date \_\_\_\_\_