



LEAVE REQUEST FORM

PER CBA:

Personal Leave requests must be made at least 72 hours in advance of leave.
Vacation Leave requests must be made at least 30 days in advance of the date the requested vacation is to begin.

Name: _____	Employee Number: _____
Department: 61128	Date: _____

I hereby request leave as follows:

Number of hours: _____

<input type="checkbox"/> Sick leave <input type="checkbox"/> Vacation <input type="checkbox"/> Personal leave <input type="checkbox"/> Bereavement	From	To	Return to work
	Date:	Date:	Date:
	Time:	Time:	Time:

Comments: _____

Date	Shift	Date	Shift
Fri:		Fri:	
Sat:		Sat:	
Sun:		Sun:	
Mon:		Mon:	
Tue:		Tue:	
Wed:		Wed:	
Thur:		Thur:	

Approved (Supervisor Use Only) Yes No

Signature of Employee/Date

Approval by Supervisor or PM/Date

The company reserves the right to deny requests based on manning or staffing requirements