Leave Request Form

Submit to your manager at least [number] days before planned leave, or as soon as practical for unplanned absences. For your own serious health condition, a family member's serious health condition, the birth or placement of a child, or military family needs, also contact HR at [HR Email]: you may have rights to job-protected leave under the FMLA or state law.

EMPLOYEE DETAILS

Employee name

Employee ID

Job title

Department / team

Location / site

Manager

Date of request

LEAVE REQUESTED

Type of leave

☐ Paid time off (PTO) ☐ Vacation ☐ Sick leave (own illness or care) ☐ Personal day
☐ Bereavement ☐ Jury duty or witness duty ☐ Voting time ☐ Military leave
☐ Unpaid personal leave ☐ Other: specify below

Other / details (optional; you do not need to share medical details)

First day of leave

Last day of leave

Date returning to work

Partial day: start time to end time

Total working days requested

Total hours requested

Shifts affected (list dates and shift times)

Is this request related to your own or a family member's serious health condition, pregnancy, a new child, or a family member's military service?

☐ No ☐ Yes: HR will contact me about leave rights ☐ Prefer to discuss with HR

COVERAGE AND HANDOVER

Person covering my work or shifts (if arranged)

Shift swaps agreed (attach approved swap form if applicable)

Work to be handed over or rescheduled

Reachable during leave for urgent questions

☐ No ☐ Yes, by email only ☐ Yes, by phone

EMPLOYEE ACKNOWLEDGMENT

☐ I understand this request is not approved until I receive manager approval, except where leave is protected by law.

☐ I understand that if my balance is not enough, the remaining hours may be unpaid or require approval under the leave policy.

Employee signature

Date

Date

MANAGER DECISION

Date received

Decision

☐ Approved ☐ Approved with changes (see notes) ☐ Denied

☐ Referred to HR (possible protected leave)

If changed or denied: reason and alternative dates offered

☐ Schedule updated

Manager signature

Date

Date of decision

HR / PAYROLL USE

Leave balance before request (hours)

Hours to be paid

Hours unpaid

Balance after request (hours)

Pay code

Designated as FMLA or state protected leave

☐ No ☐ Yes: notices issued ☐ Pending: eligibility notice sent

Entered in payroll / timekeeping by

Date entered