



**DEPARTMENT OF LIVESTOCK
EMPLOYEE LEAVE REQUEST**

DIVISION NAME: _____

BUREAU: _____

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

LEAVE REQUEST FOR THE MONTH OF: _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Full-Day																															
Part-Day	Start																														
	End																														

TYPE OF LEAVE																								HOURS AVAILABLE SUMMARY			
<input type="checkbox"/> Vacation <input type="checkbox"/> Sick (Self) <input type="checkbox"/> Sick (Immediate Family) <input type="checkbox"/> Maternity								<input type="checkbox"/> Non-Exempt Comp <input type="checkbox"/> Exempt Comp <input type="checkbox"/> Job Related Injury/Illness <input type="checkbox"/> Parental Leave								<input type="checkbox"/> Military <input type="checkbox"/> Civil/Jury <input type="checkbox"/> Leave Without Pay* <small>*Supervisor must complete the Leave Without Pay block</small>								_____ Sick _____ Vacation _____ Non-Exempt Comp _____ Exempt			

<input type="checkbox"/> Other Specify:	Comments:
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EMPLOYEE'S SIGNATURE:	DATE:
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TO BE COMPLETED BY SUPERVISOR/APPROVING AUTHORITY

<input type="checkbox"/> Leave Not Approved (Provide explanation in comments section below)	<input type="checkbox"/> *Leave Without Pay <input type="checkbox"/> FMLA? <input type="checkbox"/> Other?
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Comments:

SUPERVISOR'S SIGNATURE: (or Other Approving Authority)	DATE:
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