



**PRE-APPROVAL REQUEST FOR LEAVE FORM**

\_\_\_\_\_  
EMPLOYEE'S NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

**TYPE OF LEAVE REQUESTED**

\_\_\_\_\_ SICK LEAVE

\_\_\_\_\_ ANNUAL LEAVE

\_\_\_\_\_ PERSONAL LEAVE

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**AMOUNT OF LEAVE REQUESTED**

DAY(S) \_\_\_\_\_ HOUR(S) \_\_\_\_\_ MINUTES \_\_\_\_\_

IF REQUESTING HOURS ONLY, PLEASE INDICATE THE RANGE OF TIME REQUESTING HOURS & MINUTES (i.e. 2:30-3:45 p.m.)

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ A.M/P.M. \_\_\_\_\_

TO

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ A.M/P.M. \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR SIGNATURE