



LEAVE REQUEST FORM

www.jitstaffing.com

1. NAME: _____ 2. POSITION: _____

3. DIVISION: _____ 4. DEPT: _____

5. I Request From: _____ Through: _____

Totaling _____ working day(s) and/ or _____ hour(s)

6. CHARGED AS FOLLOWS (explain in remarks):

- Annual Leave, Sick Family, Sick Family Death, Family Medical Leave, Leave Without Pay, Other (explain in remarks, i.e. administrative, military, civil, etc), Sick Self

REMARKS: _____
(Please note that medical absences of extended duration may fall under the Family Medical Leave Act (FMLA).)

7. To the best of my knowledge, the facts stated above are accurate and comply with leave requirements.

Employee's Signature: _____ Date: _____

8. APPROVAL BY SUPERVISOR: ___ Approved ___ Denied

Signature: _____ Date: _____

INSTRUCTIONS: Please complete this form and submit to your immediate supervisor at least two weeks in advance for approval