



LEAVE REQUEST FORM

(Sick Leave, Vacation, PTO, CTO, Bereavement, Union)

Employee Name: _____

| TYPE OF LEAVE | TIME REQUESTED <i>(e.g.: 8-4:30)</i> | DATE(S) REQUESTED | | TOTAL HOURS REQUESTED | TOTAL HOURS ACCRUED |
|---|---|-------------------|------|-----------------------|---------------------|
| | | START | THRU | | |
| <input type="checkbox"/> SICK LEAVE | | | | | |
| <input type="checkbox"/> VACATION | | | | | |
| <input type="checkbox"/> PERSONAL LEAVE (PTO) | | | | | |
| <input type="checkbox"/> CTO | | | | | |
| <input type="checkbox"/> BEREAVEMENT | | | | | N/A |

Relations covered under bereavement leave: parent, spouse, domestic partners pursuant to State law, child, grandparent, brother, sister, mother-in-law, father-in-law, grandchild, son-in-law, daughter-in-law, any child or close relative who resided with the employee at the time of death. Bereavement leave also includes step-parents, step-children, step-grandchildren, and step-grandparents. Absence shall not exceed five (5) days for any one death.

Name of Deceased: _____ Date of Death: _____

Employee relationship to deceased: _____

| | | | | | |
|--------------------------------------|---|--|--|--|-----|
| <input type="checkbox"/> LWOP | | | | | N/A |
| <input type="checkbox"/> UNION LEAVE | <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid* | | | | N/A |

**If unpaid, please select another option to account for hours (e.g. Vacation, LWOP, etc.)*

COMMENT(S):

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____