

THE NATIONAL FOOD LAB
LEAVE REQUEST FORM

Employee Name: _____

Date: _____

Type of Leave:	Requested	Available As of:
Sick Leave	_____	_____
Vacation	_____	_____
Birthday	_____	_____
Leave without pay	_____	_____
Family Care Leave	_____	_____
Military Leave	_____	_____
Bereavement Leave	_____	_____

Number of days requested _____

First day of leave _____

Date returning to office _____

*Employee signature _____

Approved by: _____
Supervisor Date

***Note: Employees are responsible to verify that they have or will have enough leave available to use when leave is taken. Should you overuse your leave amounts, your time sheet and paycheck may have to be adjusted to unpaid leave for the overage amount.**

Each week your paycheck stub reflects the total amount of sick leave and vacation you have in your leave account. Please check your payroll stub when filling out your timesheet or leave request.