



J. A. INTERNATIONAL SCHOOL

Employee Leave Request Form

Employee Name _____ Date _____

Department _____ Employee ID No. _____

REASON FOR LEAVE

- Vacation
- Civil Leave /Jury Duty
- Military
- Sick - Self
- Sick - Family
- Sick – Dr. Appointment
- Worker’s Comp
- Family and Medical For _____
- Leave of Absence
- Funeral – Relationship: _____
- Other _____

LEAVE REQUESTED

From _____ Time _____ a.m/p.m Total Number of Hours Requested _____

To _____ Time _____ a.m/p.m Total Number of Days Requested _____

Address & phone number to contact during leave(s) _____

Employee Signature _____ Date _____

FOR OFFICE USE ONLY

Comments: _____

Approved By:

Authorized Signature _____ Date _____