DEPARTMENT OF LIVESTOCK
EMPLOYEE LEAVE REQUEST

DIVISION NAME: _____   **BUREAU:** _____

EMPLOYEE NAME: _____   **EMPLOYEE NUMBER:** _____

LEAVE REQUEST FOR THE MONTH OF: _____

Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Full-Day																																
Part-Day	**Start**																															
	End																															

TYPE OF LEAVE

☐ Vacation
☐ Sick (Self)
☐ Sick (Immediate Family)
☐ Maternity

☐ Non-Exempt Comp
☐ Exempt Comp
☐ Job Related Injury/Illness
☐ Parental Leave

☐ Military
☐ Civil/Jury
☐ Leave Without Pay*
*Supervisor must complete the Leave Without Pay block

HOURS AVAILABLE SUMMARY

_____ Sick
_____ Vacation
_____ Non-Exempt Comp
_____ Exempt

☐ Other
Specify:

Comments:

EMPLOYEE'S SIGNATURE: _____   **DATE:** _____

TO BE COMPLETED BY SUPERVISOR/APPROVING AUTHORITY

☐ Leave Not Approved
(Provide explanation in comments section below)

*Leave Without Pay
☐ FMLA?   ☐ Other?

Comments:

SUPERVISOR'S SIGNATURE:
(or Other Approving Authority)   **DATE:** _____

5/2018