



Employee Leave Request Form

Employee Name:	Position:	
Ministry:	Supervisor:	
Reason for Requested Leave:		
Annual Leave Sick Leave Unpaid Leave Other		
Leave Dates Requested	From:	To:
Employee Signature:		Date:

Supervisor Approval:		
Approved:	Denied:	Notified Employee of Decision:
Supervisor Signature:		Date:
Comments:		

Employee: The completed form should be given to your immediate Supervisor
 Supervisor: Once this Leave Request is approved/denied, please give to HR Department