



Employee Leave Request Form

Absence Information

Name: _____

Type of Absence Requested:

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Vacation

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Sick

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Professional

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Other

For Professional Leave:

Purpose _____

Destination _____

*** Please remember to also submit professional leave through Concur and complete any necessary international paperwork

Dates of Absence:	_____	Hours:	_____
	_____	Hours:	_____
	_____	Hours:	_____
	_____	Hours:	_____
	_____	Hours:	_____
	_____	Hours:	_____

Coverage in your absence: _____

Employee Signature

Date

Supervisor Approval

☐

Approved

☐

Rejected

Supervisor Signature

Date