



Human Resources
A6200 UCA, 282 Champions Way
Tallahassee, FL 32306-2410
Phone: 850-644-6664
Fax: 850-645-9510

LEAVE REQUEST FORM
(To Be Retained by Employee and Department)

Employee Name: _____ EMPLID: _____ Record Number: _____

BEGIN DATE	BEGIN TIME	END DATE	END TIME	Type of Leave or Overtime Hours Requested	Employee Signature & Date	Comments/Explanation	Supervisor Approval Signature & Date