

# LEAVE REQUEST FORM

Employee Name: \_\_\_\_\_

Type of Leave Requested – Please check appropriate category

Start Date:	<input type="text"/>	Return to Work Date:	<input type="text"/>	Total Hours:	<input type="text"/>
<b>Indicate below the type of Leave you are requesting:</b>					
<input type="checkbox"/> <b>Jury Duty</b> <i>(Read Policy and Submit required forms)</i>					
<input type="checkbox"/> <b>LWOP</b> <i>(All available PTO must be used before Leave Without Pay can be approved)</i>					
<input type="checkbox"/> <b>Bereavement Leave</b>					
<input type="checkbox"/> <b>Military Leave</b>					
<input type="checkbox"/> <b>FMLA</b> <i>(All available PTO must be used before Leave Without Pay can be approved)</i>					
<i>Please note, the request for FMLA does not constitute automatic approval. Employee will be contacted by the HR Manager for further discussion and actions regarding FMLA eligibility and processing.</i>					
<b>For HR Use Only:</b>		<b>Employee is FMLA eligible:</b>			
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>i.e., Length of Service/Worksite</i>	

*I understand that the determination of my leave status, as either paid or unpaid, and the designation of my leave as FMLA eligible shall be the responsibility of the Human Resources Manager in accordance with ASTRIX Policy.*

Employee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason for Disapproval: \_\_\_\_\_

Managing Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

Requests for the types of leave noted above are to be submitted using this Leave Request Form. Time charged for any of these Leave purposes are to be charged to the appropriate Leave charge code in the electronic timesheet system.

**HQ EMPLOYEES:** Complete this form, print, and sign. Submit hard copy to your immediate supervisor for approval (ten days in advance when possible.) Keep a copy for your files. Record your approved Leave on the Group Calendar.

**HQ SUPERVISORS:** Submit the original form, with original signatures, to the Manager, HR for review and approval.

**OFFSITE EMPLOYEES:** Submit this completed and signed form to your immediate supervisor for approval (ten days in advance when possible.) Keep a copy for your files.

**OFFSITE SUPERVISORS:** Submit, by fax (or scan then email), this completed and signed form to the Manager, Managing Director for review and approval. The original form can be maintained in your files.

**NOTE: All Available PTO MUST be used before use of LWOP can be approved.**