

Kaniksu Community Health Employee Leave Request Form

Instructions for completion:

All sections must be completed. Be sure to indicate the exact number of scheduled hours you will be away from work. Turn in this request to your supervisor. If approved, the Supervisor will submit this request form to the Payroll Department. **This request must be submitted to the Payroll Department PRIOR to the beginning of the leave with the approval and signature of your supervisor.**

Employee Name: _____

Position: _____

Reason for Leave: Vacation Sick Jury Duty FMLA

Dates Requested Off (ie: Monday: 01/08 Tuesday: 01/09):

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Total number of hours requested: _____

If this is a vacation request, please provide your second choice dates:

I, by submitting this request for leave, understand that **this request is subject to review and approval by my supervisor.** Some of the factors which will be considered prior to approval are: number of employees available during the time requested to provide appropriate patient care, most recent leave time used; current leave accrual status, etc.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____