



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