Leave request form

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Type of leave *

○ Annual ○ Personal or sick ○ Carer's ○ Compassionate ○ Parental ○ Unpaid ○ Other

Dates *

The first and last day you'll be away.

From _____ To _____

☐ First day is a half day ☐ Last day is a half day

Days of leave *

Working days, not counting public holidays.

_____ days

Notes

Supporting document

For example, a medical certificate.

Attach: Supporting document (PDF, JPEG or PNG)

Who's covering for you

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____