

Leave Authorization Form (Vacation Request)

Employee Name:

Employee ID/Number:

Department:

Manager/Supervisor:

Type of Leave:

Leave Start Date:

Leave End Date:

Reason for Leave:

Contact Details during Leave:

Date of Request:

Employee Signature:

Date: _____

Manager/Supervisor Authorization:

☐ Approved ☐ Not Approved

Comments:

Manager/Supervisor Signature:

Date: _____