



**Corporate Office**  
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## LEAVE REQUEST FORM

**Name:** \_\_\_\_\_

**Work Site:** \_\_\_\_\_

**Dates Requesting: From** \_\_\_\_\_ **To** \_\_\_\_\_

	MON	TUES	WED	THUR	FRI	SAT	SUN		MON	TUES	WED	THUR	FRI	SAT	SUN		
<b>DATE</b>																	
<i>Type of Leave</i>	<b>HRS</b>	<b>HRS</b>	<b>HRS</b>	<b>HRS</b>	<b>HRS</b>	<b>HRS</b>	<b>HRS</b>		<b>HRS</b>	<b>HRS</b>	<b>HRS</b>	<b>HRS</b>	<b>HRS</b>	<b>HRS</b>	<b>HRS</b>	<b>HRS</b>	<b>Total Hours</b>
<b>PTO</b>																	
<b>ADM</b>																	
<b>BL</b>																	
<b>JD</b>																	
<b>ML</b>																	
<b>Total Hours</b>																	

**TYPE OF LEAVE:**

**(PTO)** Personal Time Off (Sick/Vacation)

**(ADM)** Administrative Leave

**(BL)** Bereavement Leave (Please submit a copy of the program)

**(JD)** Jury Duty

**(ML)** Military Leave

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPROVAL:**

**Onsite Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

Leave Request forms must be submitted to SAR Corp's Human Resources Director no less than 15 calendar days in advance of the scheduled leave request. Employees must maintain a minimum balance of 8 hours of PTO. Leave Without Pay (LWOP) must be approved by the SAR Corp's Human Resources Director.

**PTO Balance** \_\_\_\_\_ **as of** \_\_\_\_\_.

\_\_\_\_\_  
 SAR Corp's Human Resources Director's Signature

\_\_\_\_\_  
 Today's Date