



R.J. Carroll Company

Employee Leave Request

Last name

First name

Request Date(s) & Time(s)

Date Time

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Date Time

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Total time requested

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Leave codes (Policy reference)

<input type="checkbox"/>	Vacation (V-1)	<input type="checkbox"/>	Funeral (F-100)
<input type="checkbox"/>	Personal	<input type="checkbox"/>	FMLA (F-1)
<input type="checkbox"/>	Sick	<input type="checkbox"/>	Jury Duty (J-100)
<input type="checkbox"/>	Other	<input type="checkbox"/>	Floating holiday (H-70)

Comments (if applicable)

Employee Signature

Date

The section below to be completed by Supervisor

Approved: Yes No
Paid leave: Yes No

Supervisor

Date

The section below to be completed by Human Resources

Received in Human Resources on:

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ID #

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Revised 6-11-08