E.E. Hill & Son, Inc.

Employee Leave Request Form

Date of Request _____

From: Employee name _____

Date & time out _____

Date & time return _____

Check type of leave & # of days requested:

_____ **Vacation**

_____ **Sick**

_____ **Personal**

_____ **Leave w/o Pay**

I understand that I am not guaranteed to get the day(s) off that I have requested. I also understand that the approval or disapproval of my request will be based on the needs of the company and whether or not my responsibilities can be covered.

Request must be made in writing. All requests must be submitted at a minimum of at least two weeks in advance of the requested day(s) off.

Employee Signature _____

Manager Signature _____

Date Approved: _____ **Date Denied:**_____