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FULL-TIME(FT) EMPLOYEE LEAVE REQUEST FORM

EMPLOYEE'S INFORMATION:

NAME: _____ EMPLOYEE ID # _____

JOB TITLE: _____ DEPARTMENT: _____ REQUEST DATE : _____

LEAVE REQUESTED:	FROM:		TO:		TOTAL Hours Requested:
	Date	Time	Date	Time	
<input type="checkbox"/> SICK <input type="checkbox"/> Self <input type="checkbox"/> Family Member (relationship): _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
<input type="checkbox"/> PERSONAL		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
<input type="checkbox"/> VACATION		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
<input type="checkbox"/> BEREAVEMENT (relationship): _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
<input type="checkbox"/> JURY DUTY		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
<input type="checkbox"/> OTHER (Explain): _____		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

Employee Signature: _____ Date: _____

CALLED TO REPORT ABSENCE

LEAVE REQUEST APPROVAL:

This leave to be approved: With Pay Without Pay

Approved By: _____ Title: _____

Signature: _____ Date: _____

HR DEPARTMENT VERIFICATION:

Total _____ Vacation Hours available Wage Advanced Hours: _____
 Total _____ Sick Hours available (vacation time only)
 Total _____ Personal Hours available

Available as of: _____ Verified by: _____

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