GiT GenuineIT
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Vacation/Leave Request Form

INSTRUCTIONS: Please submit your request to your manager at least four (1) week prior to the requested START DATE. Remember **FMLA** is a separate form altogether.

Employee is ☐ **Full** ☐ **Part time**

Employee's Name	Date of Request	
Manager Name	**Social Security Number (Last 4 Digits)**	
Work Location	**Client Name**	
Type of Leave		
☐ Paid Time Off ☐ Sick Leave	☐ Vacation	☐ Personal

Dates Requested	
Begins on:	Ends on:
Total Days to be Paid:	Is this to be used with FMLA? ☐ Yes ☐ No

☐ **Approved**   ☐ **Denied**

Please state reason(s) for denial of leave pay:

_____

_____

Employee Signature   Date   Manager Signature   Date

_____   _____

Your paycheck will be processed as usual unless other arrangements are made with your manager.

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