



Vacation/Leave Request Form

915 Mistletoe Lane, Redding, CA 96002 ▲ Phone (530) 223-4674 ▲ Fax (530) 223-6342

Employee Name:

Company Name:

Effective Start Date: _____ **Return Date:** _____

What type of leave are you requesting (circle one)

Vacation Sick FMLA Medical Maternity Other Explain:

Comments:

Employee Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____