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PT & FTE LEAVE REQUEST FORM FLORIDA EMPLOYEE

Employee's Name	Employee ID#:	Request Date:
Job Title:	Department:	

Reason for Leave:

- Jury Duty
 Other (explain) : _____
 Family Illness (name): _____
 Family Death (relation): _____

Leave Requested:

FROM
 Date: _____ Time: _____ a.m. p.m. Total number of hours requested: _____

RETURN
 Date: _____ Time: _____ a.m. p.m. Total number of days requested: _____

Regular Work Shift: _____

Employee Signature: _____ Date: _____

Request Approval:

This leave to be approved without pay

Approved By: _____ Title: _____

Signature: _____ Date: _____

DOWNTOWN BROOKLYN
 81 Willoughby Street
 Brooklyn, NY 11201
 Tel.: 718 - 522-9073

MIDTOWN MANHATTAN
 1293 Broadway/One Herald Center
 New York, NY 10001
 Tel.: 212-672-6450

NORTH MIAMI BEACH
 3909 N.E. 163rd Street
 North Miami Beach, FL 33160
 Tel.: 786-279-1740