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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): \_\_\_\_\_

### 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: \_\_\_\_\_