



Approved Paid Leave Form

1 – Top Portion to be filled out by HR/Management Only

Employee Name: _____ Date: _____

Employee Department: _____ Employee Number: _____

Date(s) off: _____ Regular Scheduled Time: _____ To: _____

2 – To be filled out by HR

Hourly: _____ Salary: _____

Hours Approved for Pay: _____ Authorizing Signature: _____

3 – Supervisor Notification

Supervisor: _____

Supervisor Signature: _____ Date: _____

4 – HR Verification

Human Resources: _____
Initial