



Personal Leave Request Form

Personal leave is not intended to substitute or replace other Inova leave programs. Please review the *Time Away Programs* and *Disability and Medical-Related Leave Programs* policies or more information.

Section I. Leave Request: To be completed by the Team Member

Team Member Name: _____ Team Member ID #: _____

Date of Hire: _____ Team Member Status: Full-Time Part-Time

Date of Request: _____ Department Name: _____

Requested Leave (MM/DD/YY): _____ From _____ To _____

Reason for the requested leave:

Team Member Signature _____ Date _____

Section II. Authorization: To be completed by Department Leader and Human Resources

Approved The request for Personal Leave is approved. (Director's Remarks)

Not Approved The request for Personal Leave is not approved for the following reason(s):
(Director's Remarks)

Department Leader Name (Printed/Signature) _____ Date _____

Human Resources Name (Printed/Signature) _____ Date _____