

Paid and Unpaid Time Off Leave Request Form

Employee must complete form and give to supervisor for approval. Form must be emailed to nae@naelectric.net.

Date of request: _____ Employee name: _____

Time Off: (Vacation: ____ Sick leave: ____ Unpaid leave: ____)

Start date: _____ End date: _____ Total hours: _____

Bereavement leave (Up to three days of leave due to a death in the immediate family is available.)

Start date: _____ End date: _____ Total hours: _____

Jury duty leave (Up to five days of leave for jury service is available.)

Start date: _____ End date: _____ Total hours: _____

This form should not be used to request leave under the California Family Rights Act (CFRA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA). Employees should consult with HR to request leave under the CFRA or ADA.

Employee signature

Date

Supervisor signature

Date