



KENNEDY INTERNATIONAL SOFTWARE, INC

Vacation/Leave Request Form

INSTRUCTIONS: Please submit your request to your manager at least four (1) week prior to the requested START DATE. Remember **FMLA** is a separate form altogether.

Employee is Full Part time

Employee's Name		Date of Request	
Manager's Name		Social Security Number (Last 4 Digits)	
Work Location		Client Name	
Type of Leave			
<input type="checkbox"/> Paid Time Off	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Vacation	<input type="checkbox"/> Personal

Dates Requested	
Begins on:	Ends on:
Total Days to be Paid:	Is this to be used with FMLA? <input type="checkbox"/> Yes <input type="checkbox"/> No

Approved **Denied**

Please state reason(s) for denial of leave pay:

Employee Signature

Date

Manager Signature

Date

Your paycheck will be processed as usual unless other arrangements are made with your manager.