

# LEAVE REPORT

## REINSCH COMPANIES

NAME \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_

PROJECT \_\_\_\_\_

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**REASON FOR LEAVE** (Put an X in the appropriate box)

- ☐ Vacation (2 week notification required) (Managers 4 week notification required)
- ☐ Sick Leave (more than 1 day, explain): \_\_\_\_\_
- ☐ Family Death (name/relation): \_\_\_\_\_
- ☐ Personal Disability
- ☐ Training/Conference/Seminars
- ☐ Jury Duty
- ☐ Personal Leave (Vacation Used more than 1 day, explain) \_\_\_\_\_
- ☐ Other (explain): \_\_\_\_\_

**Vacation Leave Requested**

**FROM:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ a.m./p.m.      **TO:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ a.m./p.m.

**Sick Leave Requested**

**FROM:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ a.m./p.m.      **TO:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ a.m./p.m.

**All Other Leave Requested (specify): Absences, Seminars, Leave without pay, Funeral Leave**

**FROM:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ a.m./p.m.      **TO:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ a.m./p.m.

**REQUESTED WORKING HOURS ABSENT:** \_\_\_\_\_ Hours

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Manager Approval:** \_\_\_\_\_ Date: \_\_\_\_\_  
(Appropriate Authorization)

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**RETURN AFFIRMATION** (This section is to be completed by manager)**ABSENT**

**FROM:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ a.m./p.m.

**ABSENT**

**TO:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ a.m./p.m.

**ACTUAL WORKING HOURS ABSENT:** \_\_\_\_\_ hrs. Vacation: \_\_\_\_\_ hrs. Other: \_\_\_\_\_ hrs.  
Sick Leave \_\_\_\_\_ hrs.

- ☐ Excused/Warranted
- ☐ Not Excused/Not Warranted (explain): \_\_\_\_\_
- ☐ Resumed Part-Time Work
- ☐ Resumed Full-Time Work
- ☐ Resumed Modified Duty (explain): \_\_\_\_\_
- ☐ Other (explain): \_\_\_\_\_

**Affirmed By:** \_\_\_\_\_ Date \_\_\_\_\_  
( Manager)

**Managers:** Submit "Leave Report Form" with time sheet in appropriate pay period.

