



Leave Request

[NAVY EXCHANGE](#)[NAVY LODGE](#)[SHIPS STORE](#)[UPMO](#)[TPO](#)[NCTRF](#)

Associate Name:

Employee ID:

Department:

Leave Start Date/Time:

Leave End Date/Time:

Comment/Reason:

Absence related to approved FMLA

Paid Leave

Select Type:

Hours:

Select Type:

Hours:

Annual Leave

Military Leave

Sick Leave (Employee)

Court Leave

FFLA Family Care

Disabled Veteran Leave

FFLA Serious Health

Admin Health Leave

Paid Parental Leave (PPL)

Admin Closure Leave

Admin Other Leave

Unpaid Leave

Select Type:

Hours:

Select Type:

Hours:

LWOP Sick

LWOP Unauthorized Absence

LWOP Personal Reasons

LWOP Workers Compensation

Associate Signature:

Date:

Supervisor Approval

Approved

Not Approved (Inform Associate)

Supervisor Signature:

Supervisor Name/Title:

Date:

Supervisor Comments: