***Mid-States Bolt & Screw Leave Form***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Hours Requested: \_\_\_\_\_\_

First Day of Absence: \_\_\_\_\_\_\_\_\_ Return Date:\_\_\_\_\_\_\_\_\_\_\_

**Type of Leave**

\_\_**Paid Time Off** \_\_\_**Unpaid Time Off**

\_\_Jury Duty \_\_\_Family Medical Leave

\_\_Military Leave

\_\_Bereavement – Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Leave of Absence – Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attendance verification and relationship required for bereavement

\*Jury, Military and Family Medical Leave all require verification

\*Family Medical Leave will also require relationship and reason

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

HR/Management Use Only

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources

With Pay: \_\_\_\_\_ Without Pay: \_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_