

# New Hampshire **INSTITUTE** of Art

## ANNUAL LEAVE REQUEST FORM

Employee Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Requested Dates: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ My accrued leave balance is equal to or greater than the time off I am requesting.

\_\_\_ My accrued leave balance is less than the time off I am requesting and I understand negative balances are generally not permissible. This time off will be granted at the discretion of my manager and may include a pro-rated adjustment to my salary.

\_\_\_ I am not eligible for paid annual leave time. (part-time status)

-----**Submit completed request form to your supervisor**-----

Supervisor's Name: \_\_\_\_\_ Date Form Received: \_\_\_\_\_

\_\_\_ Leave Time Approved

\_\_\_ Leave Time Denied (please provide explanation to employee) \_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature

Date Signed and Returned to Employee

**\*Salaried/Exempt Employees:** It is the employee's responsibility to indicate time off on their monthly attendance and accrual record for reporting purposes to payroll.

**\*Hourly/Non-Exempt Employees:** It is the employee's responsibility to indicate time off on their bi-weekly timesheet for reporting purposes to payroll.

**PLEASE DO NOT SEND THIS FORM TO PAYROLL**