

**REQUEST FOR LEAVE**

Date of Submission: \_\_\_\_\_ Name (Print): \_\_\_\_\_

Permission is requested to be absent from the office on the following:

Date(s) of Requested Leave \_\_\_\_\_

Amount of Time Requested \_\_\_\_\_

(Days, hours or minutes)

Please Charge this absence to:

Vacation \_\_\_\_\_ Personal Leave \_\_\_\_\_ Compensatory Leave \_\_\_\_\_ Other \_\_\_\_\_

Legacy Vacation Leave \_\_\_\_\_ Legacy Personal Leave \_\_\_\_\_

Remarks: *(reason for request, notice of adjustment to DAR, etc.)*

\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

**REQUEST FOR SICK LEAVE**

Date of Submission: \_\_\_\_\_ Name (Print): \_\_\_\_\_

*Please note: Sick leave can be taken only in whole days, half days, or 45 minutes intervals.*

Permission is requested to have my absence(s) on

\_\_\_\_\_ charges as

Sick Leave due to: Personal illness \_\_\_\_\_ Family Leave \_\_\_\_\_

Amount of leave to be charged: \_\_\_\_\_ (days, hours, or minutes)

Doctor's slip? No \_\_\_\_\_ Yes \_\_\_\_\_ Will supply on \_\_\_\_\_

Remarks: *(reason for request, notice of adjustment to DAR, etc.)*

\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature \_\_\_\_\_

**Approved** \_\_\_\_\_

**Date** \_\_\_\_\_