REQUEST FOR LEAVE

Permission is requested to be absent from the office on the following: Date(s) of Requested Leave	ested Leave	Date(s) of Requested Leave Amount of Time Requested	
Amount of Time Requested	e Requested	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	(Days, hours or minutes) his absence to: Personal LeaveCompensatory LeaveOther h Leave Legacy Personal Leave n for request, notice of adjustment to DAR, etc.) nature mature Date <u>REQUEST FOR SICK LEAVE</u> ion: Name (Print):		
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.)	his absence to:Personal LeaveCompensatory LeaveOther h LeaveLegacy Personal Leave n for request, notice of adjustment to DAR, etc.) hature Date Date REQUEST FOR SICK LEAVE ion: Name (Print):	(Dave	
Vacation Personal Leave Compensatory Leave Other Legacy Vacation Leave Legacy Personal Leave Remarks: (reason for request, notice of adjustment to DAR, etc.)	Personal LeaveCompensatory LeaveOther a LeaveLegacy Personal Leave n for request, notice of adjustment to DAR, etc.)	(Days)	, hours or minutes)
Legacy Vacation Leave Legacy Personal Leave Remarks: (reason for request, notice of adjustment to DAR, etc.)	a Leave Legacy Personal Leave n for request, notice of adjustment to DAR, etc.)	Please Charge this absence to:	
Remarks: (reason for request, notice of adjustment to DAR, etc.) Employee's Signature	n for request, notice of adjustment to DAR, etc.)	Vacation Personal Lea	we Compensatory Leave Other
Employee's Signature	nature Date REQUEST FOR SICK LEAVE ion: Name (Print):	Legacy Vacation Leave I	Legacy Personal Leave
Employee's Signature	nature Date REQUEST FOR SICK LEAVE ion: Name (Print):	Remarks: (reason for request, notice of	adjustment to DAR, etc.)
	Date <u>REQUEST FOR SICK LEAVE</u> ion: Name (Print):		
Approved Date	REQUEST FOR SICK LEAVE ion:	Employee's Signature	
	REQUEST FOR SICK LEAVE ion:		
		Approved	Date
Date of Submission: Name (Print):	t leave can be taken only in whole days, half days, or 45 minutes intervals.		
Please note: Sick leave can be taken only in whole days, half days, or 45 minutes interva		<u>REQU</u>	EST FOR SICK LEAVE
Permission is requested to have my absence(s) on	quested to have my absence(s) on	<u>REQU</u> Date of Submission:	EST FOR SICK LEAVE
		REQU Date of Submission: Please note: Sick leave can be taken	EST FOR SICK LEAVEName (Print): only in whole days, half days, or 45 minutes intervals.
charges as	charges as	REQU Date of Submission: Please note: Sick leave can be taken Permission is requested to have my	EST FOR SICK LEAVE Name (Print): only in whole days, half days, or 45 minutes intervals. absence(s) on
		REQU Date of Submission: Please note: Sick leave can be taken Permission is requested to have my	EST FOR SICK LEAVEName (Print): only in whole days, half days, or 45 minutes intervals. absence(s) oncharges as
Sick Leave due to: Personal illness Family Leave	to: Personal illness Family Leave	REQU Date of Submission: Please note: Sick leave can be taken Permission is requested to have my Sick Leave due to: Personal illness	EST FOR SICK LEAVE Name (Print): only in whole days, half days, or 45 minutes intervals. absence(s) on charges as Family Leave
charges as Sick Leave due to: Personal illness Family Leave Amount of leave to be charged: (days, hours, or m Doctor's slip? No Yes Will supply on	to: Personal illness Family Leave e to be charged:(days, hours, or minutes)	REQU Date of Submission: Please note: Sick leave can be taken Permission is requested to have my Sick Leave due to: Personal illness_ Amount of leave to be charged:	EST FOR SICK LEAVE Name (Print): only in whole days, half days, or 45 minutes intervals. absence(s) on charges as family Leave (days, hours, or minutes)
charges as	charges as	REQU Date of Submission: Please note: Sick leave can be taken Permission is requested to have my	EST FOR SICK LEAVE Name (Print): only in whole days, half days, or 45 minutes intervals. absence(s) on
		REQU Date of Submission: Please note: Sick leave can be taken Permission is requested to have my	EST FOR SICK LEAVEName (Print): only in whole days, half days, or 45 minutes intervals. absence(s) oncharges as
		REQU Date of Submission: Please note: Sick leave can be taken Permission is requested to have my	EST FOR SICK LEAVEName (Print): only in whole days, half days, or 45 minutes intervals. absence(s) oncharges as
Sick Leave due to: Personal illness Family Leave	to: Personal illness Family Leave	REQU Date of Submission: Please note: Sick leave can be taken Permission is requested to have my Sick Leave due to: Personal illness	EST FOR SICK LEAVE Name (Print): only in whole days, half days, or 45 minutes intervals. absence(s) on charges as Family Leave
Sick Leave due to: Personal illness Family Leave Amount of leave to be charged: (days, hours, or m	to: Personal illness Family Leave e to be charged:(days, hours, or minutes)	REQU Date of Submission: Please note: Sick leave can be taken Permission is requested to have my Sick Leave due to: Personal illness_ Amount of leave to be charged:	EST FOR SICK LEAVE Name (Print): only in whole days, half days, or 45 minutes intervals. absence(s) on charges as family Leave (days, hours, or minutes)

Approved _____

Date_____