

REQUEST FOR LEAVE

I, _____, request approval to take the following leave:

Beginning Date: ____/____/____ Time : _____

Ending Date: ____/____/____ Time: _____

Leave should be charged against:

- Leave Cascading Military Time Compensatory Time

Scheduled

- Short Term Disability FMLA Jury Duty

- Medical Leave Other: _____

Total hours requested: _____. My paid leave at the beginning of the month is sufficient to cover time requested (circle one): YES NO

If No, I understand this leave will not be paid.

Employee Signature _____ Date _____

Approved: Disapproved:

Additional Documentation Required:

Supervisors Signature _____ Date _____

Additional Signature (as indicated) _____ Date _____