

PERSONAL LEAVE REQUEST

NAME: _____

EMP.#: _____

DEPARTMENT: _____

TODAY'S DATE: _____

LEAVE TO BEGIN: _____

DATE TO END: _____

FOR A TOTAL OF: _____ HOURS

- REASON:
- | | | | |
|--------------------------|------------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Personal Medical Appointment | <input type="checkbox"/> | Personal Illness |
| <input type="checkbox"/> | Family Medical Appointment | <input type="checkbox"/> | Family Illness |
| <input type="checkbox"/> | Personal Reasons | <input type="checkbox"/> | Scheduled Vacation |
| <input type="checkbox"/> | Workers' Compensation | <input type="checkbox"/> | Short-term Disability |
| <input type="checkbox"/> | Admin Leave (reason) _____ | | |

<p>HOURS OF PERSONAL LEAVE _____ HOURS OF LWOP _____</p>

Leave balance: _____

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

IF DISAPPROVED, REASON: _____

<p>APPROVED _____ DISAPPROVED _____ DATE: _____</p>

Note: Attach leave slip to your time card when submitted to payroll

Revised 2/22/00