

LEAVE REQUEST

Name: _____

PIDM# _____ Department: _____

Period of Leave: From: _____ To: _____
(First Day of Leave) (Last Day of Leave)

Total Hours Claimed: _____

Please Check One:

- Vacation Leave Leave without pay Jury Duty Floating
Holiday
 Sick Leave (Dr's note may be required) Bereavement

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

* ALL leave forms must reach the Payroll Department by the 20th of each month to insure you are charged appropriately each month. If received after this date, leave will be charged the following month.*

Updated 09/28/2022

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MN: _____
Sick: _____
Vacation _____
Jury/BRV _____
Floating Holiday _____
Payroll Use ONLY

MN: _____
Sick: _____
Vacation _____
Jury/BRV _____
Floating Holiday _____
Payroll Use ONLY