

NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

### LEAVE REQUEST/REPORT

	ANNUAL	SICK	COMP	FUNERAL	PERS.	OTHER*
Dates of Leave						
Amount of Time						

Sick Leave: Personal\_\_\_\_ or Family\_\_\_\_  
Scheduled\_\_\_\_

Department Head Approval \_\_\_\_\_

\*Does not require lengthy explanation.  
Covers miscellaneous leave requests  
such as jury duty or leave without pay.

#### CODES FOR NON-DUTY PAY HOURS

A = Annual Leave                      J = Jury/Court Duty  
S = Sick Leave                         M = Military  
P = Personal Day                      W = Worker's Comp  
OX = Comp Time Taken              Y = Leave Without Pay  
F = Funeral