



PERSONAL LEAVE DOCUMENTATION

Leave Time: Request / Used

Employee _____

<u>Type</u>	<u>Hours to be Used</u>
<input type="checkbox"/> Vacation	Total _____
<input type="checkbox"/> Floating Holiday	Total _____
<input type="checkbox"/> Sick	Total _____
<input type="checkbox"/> Flex Time	Total _____
<input type="checkbox"/> Other:	Total _____

(circle one or write in) *Additional forms may be required.
Admin, Court, Jury, Family, Funeral, Maternity, Paternity,
Volunteer, other _____

Leave Begin _____

Leave End _____

Employee Commentary _____

Signatures

Employee _____ Date _____

Supervisor _____ Date _____

Approved *Denied*