

REQUEST FOR TIME AWAY FROM DUTIES AND REPORT OF LEAVE TAKEN

Name _____ Date _____

Social Security Number _____

PLEASE COMPLETE THE SECTION THAT APPLIES			
G	I request permission to be away from my duties:		
	No. of Hours	Date	Time From — Time To
	No. of Days	Dates	
G	I was away from my duties:		
	No. of Hours	Date	Time From — Time To
	No. of Days	Dates	
Please charge the time away to the following. (Definitions and types of leave available are listed on the reverse.)			
G Vacation	G Sick Leave	G Floating Holiday	
G Bereavement	G Personal Necessity	G Leave Without Pay	
	G Approved G Not Approved		
Employee Signature	Supervisor Signature		Date

FOR HRDO USE ONLY	
Received and recorded by: _____	Date _____
HRDO	Date