TLS Department
Request for Leave Form

REQUEST FOR LEAVE

Employee Name: _____

Vacation:

    Dates (mm/dd/yy): _____

    Total Hours: _____

Sick:

    Check one: _____ Family _____ Employee

    Dates (mm/dd/yy): _____

    Total Hours: _____

Comp:

    Dates (mm/dd/yy): _____

    Total Hours: _____

Other Leave:

    Check one: _____ Jury _____ Funeral _____ Administrative Leave

    Dates (mm/dd/yy): _____

    Total Hours: _____

Employee Signature and Date: _____

Supervisor Signature and Date: _____

Payroll Rep Use Only:

_____ Employee Time Record

_____ Time Roster

_____ Vacation/Sick/Comp Leave Adjustment

revised 9/29/2000