

FACILITIES MANAGEMENT REQUEST FOR LEAVE



Employee Name (Print Last, First)

Employee ID Number

Dept./Shop

I request leave from duty for _____ day(s)/ _____ hours for the period _____ through _____ inclusive. Exempt _____ Classified _____ I.H. _____ (Check one).

CHARGE THE ABSENCE TO:

Annual Leave _____ day(s)/ _____ hours

Sick Leave _____ day(s)/ _____ hours

Comp. Time _____ day(s)/ _____ hours

Administrative Leave _____ day(s)/ _____ hours

Leave Without Pay _____ day(s)/ _____ hours

Military Leave _____ day(s)/ _____ hours

(MUST be approved in advance by the Director.)

APPROVED BY:

Supervisor

Date

Next Immediate Supervisor

Date

Employee

Date

VERIFIED

Initials

Date

Submit this form to Acct. Tech. for verification of leave BEFORE obtaining approvals. This form MUST be submitted to your supervisor for each absence from duty. In cases of Military Leave, one copy of the orders must be attached. DISTRIBUTION: White – Acct. Tech, Yellow – Dept./Shop, Pink – Employee FSHB - 4820

ALL LEAVES MUST BE REQUESTED IN ADVANCE