

APPLICATION FOR LEAVE

STAPLE THIS END TO TIME CARD

| | | | |
|---|-----------------------|----------|---------------|
| Name (Print or type Last, First, Middle Int.) | Date From: | Date To: | No. of Hours: |
| Type of Leave <input type="checkbox"/> ANNUAL "I understand that any annual leave authorized in excess of the amount available to me during the leave year will be charged as LWOP." <input type="checkbox"/> WITHOUT PAY <input type="checkbox"/> COMPENSATORY <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> SICK (If applying for sick leave) | | | |
| During this absence, I was: INCAPACITATED FOR DUTY BY: <input type="checkbox"/> Sickness <input type="checkbox"/> On-the-job injury <input type="checkbox"/> Off-the-job injury <input type="checkbox"/> Pregnancy & Confinement <input type="checkbox"/> Death in Family <input type="checkbox"/> Undergoing medical, dental, or optical examination or treatment. <input type="checkbox"/> Required to care for a member of my family with a contagious disease. (Give name and relationship of member and name of diseased: _____) <input type="checkbox"/> Required to be absent because of exposure to contagious disease. (Give name of disease and circumstances of exposure: _____) | | | |
| REMARKS | SIGNATURE OF EMPLOYEE | | DATE |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, give reason) SIGNATURE: _____ Date _____ | | | |

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