



1. Complete, sign and date form, then submit to Supervisor for consideration in terms of accruals, operational needs, and schedule.
2. For Section D below, attach copy of event information and Request for Approval of Travel.

Employee Name:	Employee ID:
Signature:	Date:

- ~ Vacation
- ~ Personal Holiday
- ~ CTO
- ~ Personal Sick Leave
- ~ Family Sick Leave
- ~ Other (explain): \_\_\_\_\_
- ~ Jury Duty / Subpoenaed Witness (attach copy of summons)
- ~ Bereavement
- ~ Informal Leave W/O Pay (up to 15 days)
- ~ Leave of Absence (more than 15 days - submit LOA form)
- ~ Work Related Injury (see Workers' Comp Specialist)

Date(s): \_\_\_\_\_

**TOTAL NUMBER OF HOURS REQUESTED:**