



TIMEKEEPER USE ONLY
RECORDED ON PPE(S)

Administrative Service Center Employee Leave Slip

Name: _____ Date of Request: _____
Date(s) of Leave: From: _____ @ _____ To: _____ @ _____

TYPE OF LEAVE REQUESTED

	Annual	Sick	Comp- Time	LWOP	Total Hours
Leave Hours Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>
Number of Hours Requested:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REASON FOR LEAVE REQUEST: _____

INSTRUCTION: Leave request must be filled out completely and approved prior to taking annual leave, or immediately upon return from sick leave.

Employee Signature _____

Supervisors Signature/Approval _____

Original: Timekeeper Copy: Employee



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