

Administrative Service Center Employee Leave Slip

Name:	678 	Date of Request:					
Name: Date(s) of Leave: From:			To:				
	TYPE (OF LEAV	E REQUE	STED			
			Comp-		Total		
	Annual	Sick	Time	LWOP	Hours		
Leave Hours Balance							
Number of Hours Requested:							
REASON FOR LEAVE REQUEST:							
INSTRUCTION: Leave request must be filled o leave.	ut completely a	and approve	ed prior to tak	ing annual le	ave, or immedia	ately upon return from sick	
Employee Signature						_	
Supervisors Signature/Approva	ıl						
Original: Tim				: Employe	ee	- (%)	
과학사들의 기료						TIMEKEEPER USE ONLY RECORDED ON PPE(S)	
	Emp	lovee	Leave :	qil2			
Name:		,			!		
Date(s) of Leave: From:							
			/E REQUE				
			Comp-		Total		
	Annual	Sick	Time	LWOP	Hours		
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Supervisors Signature/Approva	ıl						
Original: Tim			Сору	: Employe	ee	_	