

LEAVE REQUEST / COMP TIME EARNED

	DATE(S)	HOURS	TIME LEFT	TIME RETURNED
VACATION / PTO				
SICK LEAVE / ESL				
MEDICAL APPT.				
COMP TIME EARNED				
COMP TIME TAKEN				
TRAINING/ MEETING				

REASON FOR REQUEST: _____

PRINT EMPLOYEE NAME _____

EMPLOYEE SIGNATURE: _____

DATE: _____

APPROVED _____

DISAPPROVED _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____