TO: PERSONNEL DIVISION  

DATE: ____________________________

I, ________________________________, am requesting approval of the following leave:

☐ VACATION  ☐ PERSONAL  ☐ SICK  ☐ MILITARY LEAVE  ☐ LEAVE OF ABSENCE

☐ BEREAVEMENT  ☐ JURY DUTY  ☐ OTHER  ☐ FAMILY LEAVE  ☐ ____________________________

DATES OF LEAVE TO BE TAKEN: FROM ____________________________________________

(LIST FROM BEGINNING DATE THROUGH END DATE)

TOTAL NUMBER OF DATES REQUESTING: ______________________

____________________________________________
EMPLOYEE’S SIGNATURE

____________________________________________
DEPARTMENT HEAD APPROVAL

(MANAGEMENT IS TO BE APPROVED BY THE SUPERVISOR)

CHECK BOX AND SIGN BELOW, ONLY IF YOU ARE REQUESTING ADVANCE PAY.

☐ YES, I AM REQUESTING AN ADVANCE PAY FOR THE PERIOD STATED ABOVE, THIS FORM MUST BE IN THE PAYROLL OFFICE NO LATER THAN THE WEDNESDAY PRIOR TO THE PAYDAY EXPECTING ADVANCE PAY.

NO ADVANCE FOR VACATION PAY WILL BE MADE FOR LESS THAN FIVE (5) CONSECUTIVE DAYS IN THE PAY PERIOD.

____________________________________________
EMPLOYEE’S SIGNATURE

FOR PERSONNEL DIVISION USE ONLY:

PAY DATE: __________________ ADJUSTMENT: __________________

PAY DATE: __________________ ADJUSTMENT: __________________

PAY DATE: __________________ ADJUSTMENT: __________________

PAY DATE: __________________ ADJUSTMENT: __________________

PAY DATE: __________________ ADJUSTMENT: __________________