TO: Personnel Office — Unit 9568

FROM: ______________________

Work HOURS absent: ______________________
(whole or fraction)

DATES: From: ______________________, ______________________ a.m./p.m.

To: ______________________, ______________________ a.m./p.m.

REASON (Check One):

_______ vacation
_______ sick
_______ jury duty
_______ leave without pay
_______ personal leave*, explanation:

Is this request covered by the Family Medical Leave Act (FMLA)**:

Check one: _____ Yes _____ No

__________________________________________
Supervisor's Signature

__________________________________________
Employee's Signature

* Reasons for personal leave (see back)
** Check if covered under FMLA (see back)

FOR PERSONNEL OFFICE USE: ______________________ Date Posted

BALANCE:

_______ Hours Vacation Leave
_______ Hours Personal Leave
_______ Hours Family Medical Leave

_______ Hours Sick Leave
_______ Hours Military Leave

Revised 12/03