

MN: _____

SICK: _____

VACATION: _____

JURY/BRV: _____

For Payroll Use Only

LEAVE REQUEST

Name: _____

PIDM# _____ Department: _____

Period of Leave:

From: _____ To: _____
(First Day of Leave) (Last Day of Leave)

Total Hours Claimed: _____

Please Check One:

____ Vacation Leave ____ Leave without pay ____ Jury Duty

____ Sick Leave (Doctor's note may be required) ____ Bereavement

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

ALL leave forms must reach the Payroll Department by the 20th of each month to insure you are charged appropriately each month.

If received after this date, leave will be charged the following month.

*****Updated 06/15/2018 – Please do not modify form...Thank you!**