

LEAVE REQUEST FORM

Name _____

Date(s) Absent	Leave Code	Hours Used
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Leave Codes
170 Annual
180 Sick*
182 Bereavement
183 Advanced Sick
190 Holiday
200 Parental
300 Personal
420 Unpaid Leave
450 Administrative
600 Officers Release Time
601 Unit Release Time

***REQUIRED: Physician's certificate for 5 or more consecutive sick leave days
days must be submitted to Human Resources.**

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____