



LEAVE REQUEST

Use a separate form for each type of leave requested. Employee, DO NOT complete shaded areas.

ATTENDANCE UNIT ATTENDANCE KEEPER NAME

POSTED

EMPLOYEE'S NAME (Last, First, Initial) DIVISION, SECTION, OR UNIT EVERGREEN I.D. (A #) LEAVE BEGINNING LEAVE ENDING TOTAL HOURS REQUESTED... VACATION, SICK, PERSONAL HOLIDAY, INJURY OR ILLNESS-- JOB RELATED, SHARED LEAVE TAKEN, SHARED LEAVE DONATED, COMPENSATORY TIME, CIVIL/JURY, MILITARY, PERSONAL LEAVE DAY, LEAVE WITHOUT PAY, OTHER (Specify)...

COMMENTS:

1 COMPENSATION FOR LEAVE CANNOT EXCEED THE TOTAL AMOUNT OF LEAVE ACCUMULATED. THEREFORE, SHOULD LEAVE BE APPROVED IN EXCESS OF THE TOTAL ACCUMULATED, IT WILL NOT BE COMPENSATED.



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