



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																									
HOUR	MONTH DAY YEAR	HOUR	MONTH DAY YEAR																										
<input type="checkbox"/> A.M.		<input type="checkbox"/> A.M.																											
<input type="checkbox"/> P.M.		<input type="checkbox"/> P.M.																											
<input type="checkbox"/> VACATION ¹	<input type="checkbox"/> SHARED LEAVE TAKEN	<input type="checkbox"/> PERSONAL LEAVE DAY	<table border="1"> <tr> <th>MIN.</th> <th>TENTHS</th> <th>MIN.</th> <th>TENTHS</th> </tr> <tr> <td>1-6</td> <td>1</td> <td>31-36</td> <td>6</td> </tr> <tr> <td>7-12</td> <td>2</td> <td>37-42</td> <td>7</td> </tr> <tr> <td>13-18</td> <td>3</td> <td>43-48</td> <td>8</td> </tr> <tr> <td>19-24</td> <td>4</td> <td>49-54</td> <td>9</td> </tr> <tr> <td>25-30</td> <td>5</td> <td>55-60</td> <td>1.0 HOUR</td> </tr> </table>			MIN.	TENTHS	MIN.	TENTHS	1-6	1	31-36	6	7-12	2	37-42	7	13-18	3	43-48	8	19-24	4	49-54	9	25-30	5	55-60	1.0 HOUR
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<input type="checkbox"/> SICK ¹	<input type="checkbox"/> SHARED LEAVE DONATED	<input type="checkbox"/> LEAVE WITHOUT PAY (If checked, supervisor must complete Leave Without Pay block.)	<input type="checkbox"/> DISAPPROVED (Provide explanation in Comments section below)																										
<input type="checkbox"/> PERSONAL HOLIDAY	<input type="checkbox"/> COMPENSATORY TIME	<input type="checkbox"/> OTHER (Specify)																											
<input type="checkbox"/> INJURY OR ILLNESS-- JOB RELATED	<input type="checkbox"/> CIVIL/JURY																												
	<input type="checkbox"/> MILITARY																												
REASON FOR LEAVE (If necessary)		SUPERVISOR'S SIGNATURE		DATE																									
EMPLOYEE'S SIGNATURE		DATE OF REQUEST		SIGNATURE OF OTHER APPROVING AUTHORITY																									

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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