

Employee Leave Request

Employee Name: _____

Location: _____

ID: _____

Date: _____

Codes:	Description:	Codes:	Description:
PERLV	Personal Leave	ANLV	Annual Leave
SLFAM	Illness In Family	PRFLV	Professional Leave
SLPER	Personal Illness	JURDY	Jury Duty
SLBRE	Bereavement	DOCK	Dock Pay

Date	Hour(s)	Code	Description/Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify the above information is complete and true. _____
 Employee Signature Date

Approved Not Approved

 Supervisor's Signature Date

SUBSTITUTE PAYMENT INFORMATION (if required):

Date	Hour(s)	Sub Employee ID	Substitute Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office Use: Keyed _____ Approved _____ Date Date
