NON-REPRESENTED EMPLOYEE LEAVE FORM

Management and Confidential

Date: _____ Print Name:_____

I was, or will be absent as follows:

Date from:	Date to:	Total Hours:	Reason Code:

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Comments: _____

_____

Reason Codes:

Vacation	V
Sick Leave	SL
Personal Necessity	PN
Floating Holiday	F
Comp Time	CT (only applicable to confidential employees)
Jury Duty	JD
Bereavement	B - note relation, city and state
Other	O - explain in comments section

If you have requested vacation time, your balance is _____ hours

If you have requested sick time, your balance is _____ hours

If you have requested personal time, your balance is _____ hours

If you have requested other time, your balance is _____ hours

Date received: _____ Date entered: _____

Please submit to your supervisor as soon a possible. A copy will be returned to you for your records.