



<input type="checkbox"/>	Out Calendar
<input type="checkbox"/>	SAP Entry
<input type="checkbox"/>	Staff Copy

 Name (Please Print) _____
 Date Submitted

Starting on (Date): _____ Hour: _____ Ending on (Date): _____ Hour: _____

REQUEST FOR LEAVE

Type of Leave (Number of Hours):

Vacation _____ *Sick _____ Comp _____ Flex _____

*If you have been ill for more than three (3) days, please attach a doctor's note.

Other (Explanation Required/Flex): _____

 Requestor's Signature _____
 Date

 Approval Recommended _____
 Date

 Approved _____
 Date

REQUEST FOR COMP TIME ACCRUAL

 Number of Hours _____
 Purpose of Work to be Performed

 Requestor's Signature _____
 Date

 Approval Recommended _____
 Date

 Approved _____
 Date