



LEAVE REQUEST

- Instructions:**
1. Print or Type
 2. USE SEPARATE FORM for each leave period requested.
 3. SUBMIT ENTIRE SET to supervisor
 4. FORM MUST BE SIGNED by employee AND supervisor. IN ADVANCE (EXCEPT SICK LEAVE AND EMERGENCY LEAVES).
 5. REQUEST FOR PAID SICK LEAVE of more than five consecutive days (for any shorter period designated by the supervisor) must be accompanied by a Medical Certificate (Form P-33A)

EMPLOYEE NAME (Last, First, Middle Initial)		SECTION		TYPE OF REQUEST <i>(Check One)</i>		REVISED <input type="checkbox"/> INITIAL <input type="checkbox"/>	
TYPE OF LEAVE REQUESTED (Check one only)							
SICK SICK LEAVE		HCU EARNED HOLIDAY		ULAW UNPAID LEAVE			
SP MEDICAL/DENTAL APPOINTMENT		PL PERSONAL LEAVE		JURY JURY DUTY			
SFAM ILLNESS IN IMMEDIATE FAMILY		SFFNR FUNERAL IN IMMEDIATE FAMILY					
VAC VACATION		SFNRL FUNERAL					
RUBRL UNION BUSINESS OTHER THAN STEWARD <i>(Specify)</i>				OL OTHER <i>(Specify)</i>			
"SBU" CHARGED TO UNION SICK BANK?		(Check One) Yes No					
DATE LEAVE TO BEGIN (Time also, if not a full day)			DATE LEAVE END (Time also, if not a full day)			TOTAL TIME REQUESTED HOURS	
REASON FOR LEAVE (Not applicable for Vacation/Holiday)							
Employee				Supervisor			
DATE SIGNED			APPROVED (if NO, give reason)		Yes No		
EMPLOYEE SIGNATURE X			SUPERVISOR SIGNATURE X			DATE SIGNED	