

**APPLICATION FOR LEAVE**

<b>Name</b>			<b>Soc. Sec. No. or ID #</b>
(Last)	(First)	(Middle)	
<b>Department</b>	<b>Date</b>	<b>Biweekly</b>	_____
		<b>Monthly</b>	_____

<b>CHECK ONE:</b>	I request that I be granted leave:	Number of working days	or	
<input type="checkbox"/>	<b>VACATION LEAVE</b>			
<input type="checkbox"/>	<b>FUNERAL LEAVE</b>			
<input type="checkbox"/>	<b>COURT/JURY DUTY LEAVE WITH PAY</b>			
<input type="checkbox"/>	<b>MILITARY LEAVE (Copy of Orders Required)</b>			
<input type="checkbox"/>	<b>LEAVE WITHOUT PAY</b>			
<input type="checkbox"/>	<b>SICK LEAVE</b>	Paid sick leave is a benefit granted in accordance with approved policy and procedure. A supervisor may require at any time that a claim for sick leave be supported by adequate evidence. Any unjustified or fraudulent claims for leave may result in loss of pay for the period of absence.		

<b>Recommended or Approved:</b>	
Signature of Supervisor	Signature of Employee