



PERSONNEL LEAVE REPORT

Employee's Name: _____
Last First Middle

HR EmplID #: _____ Department: _____

Request the following absence be charged to the type of leave indicated:

Date(s) of Leave: _____

Type of leave and number of hours to be charged:

_____ Hours annual leave _____ Hours authorized leave without pay

_____ Hours employee sick leave _____ Hours jury duty (Attach summons)

_____ Hours military leave _____ Hours court leave (Attach subpoena)

_____ Hours of sick leave used for family (select one below)

Illness Accident Death _____ (Date)

(Relationship)

Remarks: _____

Employee's Signature

Date

Supervisor's Signature

Date

Approval Signature

Date