

Department Leave Slip

Date:

Employee Name:

Type of Leave:

[ ]  Vacation [ ]  Sick [ ]  Personal

[ ]  Jury Duty [ ]  Bereavement [ ]  Leave Without Pay

[ ]  Non-duty Time [ ]  Compensatory Time

Leave Requested:

From             through
 (Date) (Time) (Date) (Time)

From             through
 (Date) (Time) (Date) (Time)

From             through
 (Date) (Time) (Date) (Time)

From             through
 (Date) (Time) (Date) (Time)

 Total Hours Requested: