

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: