

Name: _____ Department: _____

Date of Request: _____

Requested Days or Time of Absence: FROM: _____ TO: _____ TOTAL HOURS: _____

Briefly Describe the Nature of Your Leave Request: _____

I Plan to Use: Comp Time Sick Leave Annual Leave

Employee Signature: _____ Date: _____

Approved: Supervisor/
Department Head Signature: _____ Date: _____

FORM 8 REV. 12/2023