EMPLOYEE NAME:		DEPT:			
TYPE OF LEAVE	Pl				
	From:		To:		TOTAL HOURS
	Date	Time	Date	Time	110011
		ERVISOR			DAT
☐ Time off is appro	ved	☐ Time o	ff is denie	d	
Reason for denial:					
ORIGINAL TO: Payroll COPY T	O: Employee				
	DROOK for a desc	ription of the p	olicy regarding	use of leave time	·.
PT 501 (10/12) Refer to Chapter IV of the LAY PERSONNEL HAND	DBOOK JOI a aesc				

EMPLOYEE NAME:		DEPT	:			
TYPE OF LEAVE		PERIOD OF ABSENCE				
		From:	To:		TOTAL HOURS	
	Da	ate Time	Date	Time		
	L L		<u> </u>			
EMPLOYEE SIGNATURE	DATE	SUPERVISO	R SIGNATU	RE	DATE	
	DATE off is approved		R SIGNATU		DATE	
EMPLOYEE SIGNATURE					DATE	