

# LEAVE APPROVAL FORM

I hereby request approval for leave time for the week starting: \_\_\_\_\_ (Monday)

(Leave can only be requested one week per leave slip. Please indicate the number of hours of leave for each day and the type of leave requested each day.)

DAY	DATE	HOURS	TYPE
Monday			
Tuesday			
Wednesday			

DAY	DATE	HOURS	TYPE
Thursday			
Friday			
Saturday			

Name of Professional Seminar: \_\_\_\_\_

Leave Type Key:			
<b>V</b> =Vacation	<b>M</b> =Military	<b>B</b> =Bereavement	<b>LWOP</b> =Leave without pay
<b>S</b> =Sick	<b>C</b> =Compensatory	<b>J</b> =Jury duty	<b>ADL</b> =Administrative Leave
<b>P</b> =Personal	<b>E</b> =Election	<b>PS</b> =Professional Seminar	<b>O</b> =Other Leave
<b>FMLA</b> =Family Medical Leave Act (Please remember when using FMLA you must also indicate the type of leave you would like to use corresponding with your FMLA. For example: FMLAS (sick), FMLAV (vacation), FMLAP (personal) etc.)			

**\*\*DO NOT** use white out on any timekeeping documents.\*\*

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Employee (Signature)                      Date

**APPROVED BY:**

\_\_\_\_\_  
Supervisor                                      Date

\_\_\_\_\_  
Judge / Director / Manager                      Date

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**APPROVED BY:**

\_\_\_\_\_  
Supervisor                                      Date

\_\_\_\_\_  
Judge / Director / Manager                      Date