

# NON-REPRESENTED EMPLOYEE LEAVE FORM

## Management and Confidential

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**I was, or will be absent as follows:**

Date from:	Date to:	Total Hours:	Reason Code:

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

### **Reason Codes:**

Vacation	V
Sick Leave	SL
Personal Necessity	PN
Floating Holiday	F
Comp Time	CT (only applicable to confidential employees)
Jury Duty	JD
Bereavement	B - note relation, city and state
Other	O - explain in comments section

If you have requested vacation time, your balance is \_\_\_\_\_ hours

If you have requested sick time, your balance is \_\_\_\_\_ hours

If you have requested personal time, your balance is \_\_\_\_\_ hours

If you have requested other time, your balance is \_\_\_\_\_ hours

Date received: \_\_\_\_\_

Date entered: \_\_\_\_\_

Please submit to your supervisor as soon as possible. A copy will be returned to you for your records.