

# LEAVE SLIP

Request for Leave: _____						
Employee _____						
<b>Request for Leave Codes</b>						
<b>Sick</b>		<b>Other Paid</b>			<b>Unpaid Leave</b>	
A1 Empl Illness	B1 Vacation	C Other*				
A2 Empl/Dep Med Appt	B2 Holiday	Overtime Approval				
A3 Spouse/Dep Illness	B3 Floating Holiday	D1 Overtime Requested*				
A4 Birth/Adoption	B4 Alternate Holiday	D2 Comptime Requested*				
A5 Bereavement*	B5a Comp Time					
	B5b Jury (attach summons)					
	B5c Military (attach orders)					
<b>Leave Codes</b>	<b>From</b>		<b>To</b>		<b>Total Hours</b>	<b>Check if FMLA Qualified</b>
	Date	Time	Date	Time		
Date Requested:			Date Approved:		FMLA Approved	
Employee Signature:			Supervisor Signature:		yes ____ no ____	
					A2 Approved	
					yes ____ no ____	
Form #: SF-00011-03			White-Employee Yellow-Supervisor			Rev 5/94