## I FAVE DECLIEST

MN: \_\_\_\_\_

	LEAVE REQU	<b>JEST</b>	Sick:
Name:			Floating Holiday **Payroll Use ONLY**
PIDM#	_ Department:		Taylon ese en El
Period of Leave: From:	(First Day of Leave)	To:	· · · · · · · · · · · · · · · · · · ·
Total Hours Claimed: Please Check One:	(First Day of Leave)	(La:	st Day of Leave)
[ ] Vacation Leave	[ ] Leave without pay	[ ] Jury Du	ity [ ] Floating Holiday
[ ] Sick Leave (Dr's not	te may be required)	[ ] Bereave	
Employee's Signature: Supervisor's Signature:		Dat Dat	e: e:
	th the Payroll Department by the received after this date, leave w		
Updated 09/28/2022 *********	*********	******	********
	LEAVE REQU	EST	MN: Sick: Vacation Jury/BRV
Name:			Floating Holiday**Payroll Use ONLY**
	_ Department:		
Period of Leave: From:		To:	
	(First Day of Leave)	(Last	Day of Leave)
Total Hours Claimed: Please Check One:			
[ ] Vacation Leave	[ ] Leave without pay	[ ] Jury Dut	
[ ] Sick Leave (Dr's not	e may be required)	[ ] Bereaven	Holiday nent
Employee's Signature:		Dat	e:
Supervisor's Signature.	oyee's Signature: Date:		

\* ALL leave forms must reach the Payroll Department by the 20th of each month to insure you are charged appropriately each month. If received after this date, leave will be charged the following month.\*

**Updated 09/28/2022**