



PERSONAL TIME-OFF LEAVE

EMPLOYEE#	TYPE OF LEAVE	NO. OF HOURS	DATE & HOUR FROM	DATE & HOUR TO
A. PTO	C. FMLA	E. FUNERAL	G. MILITARY	I. OTHER _____
B. AUXILLARY PTO	D. LWOP	F. JOB INJURY	H. COMPENSATORY	PH. PERSONAL HOLIDAY

TYPES OF LEAVE

NAME _____

DEPARTMENT _____

LEAVE BALANCES			
	PREVIOUS	THIS REQUEST	BALANCE
PTO			
AUX PTO			

NOTE: IF PTO IS USED FOR ILLNESS OR INJURY IN EXCESS OF THREE DAYS OR IF REQUIRED BY DEPARTMENT, PHYSICIAN OR PRACTITIONER'S NOTE MUST BE ATTACHED.

**I CERTIFY THAT THIS ABSENCE WAS DUE TO:*

- ILLNESS OR INJURY WHICH INCAPACITATED ME FOR DUTY
OR
- MEDICAL, DENTAL OR OPTICAL TREATMENT

EMPLOYEE SIGNATURE _____

DATE _____

SUPERVISOR SIGNATURE _____

DATE _____



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