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STATE FIRE ACADEMY REQUEST FOR AUTHORIZED LEAVE

I request that I be granted leave beginning at _____ (hour) _____ (date) and ending at _____

		_____ This leave is to be charged to:	
()	(hour)	(date)	_____ hours
()	Personal		PERLV
()	Personal (First Day Sick)		PLMED
()	Major Medical		MLMED
()	Major Medical (Death in Family)		DLMED
()	Compensary Time		CPTIM
()	Holiday		HOLFT
()	Military (Military orders attached)		_____ hours
()	Court (Court orders attached)		_____ hours
()	Leave Without Pay (authorization attached)		JURY
()	Other _____ (Details attached)		_____ hours
()	FMLA Medical Leave		_____ hours
()	FMLA Personal Leave		_____ hours
()	Donor Leave		_____ hours
()	FMLA Donor Leave		_____ hours

Leave is () Approved () Disapproved

SIGNATURE OF EMPLOYEE DATE SIGNED

SIGNATURE OF SUPERVISOR DATE SIGNED

DISTRIBUTION
 WHITE - LEAVE CLERK
 YELLOW - SUPERVISOR
 PINK - EMPLOYEE

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