## REQUEST FOR LEAVE

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**NAME (LAST, FIRST, MIDDLE INITIAL)**  
**SOC. SEC. NO.**  
**LEAVE START DATE & TIME**  
**LEAVE CODE**

**EMPLOYEE SIGNATURE**

**DATE**  
**LEAVE END DATE & TIME**  
**HOURS**

**REMARKS**

- [ ] CHANGE
- [ ] MEDICAL CERTIFICATE ATTACHED
- [ ] FAMILY RELATIONSHIP

**APPROVING AUTHORITY SIGNATURE**  
**DATE**  
**APPROVED**  
**DISAPPROVED**  
**TIMEKEEPER INITIALS**  
**Record of Absence Posted**

### 1. RECORD FILE-TIMEKEEPER

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