Request for Leave

Date submitted

MM/DD/RR

To be submitted No more than fourteen (14) and two (2) days in advance of leave date requested

Submitted by:

NAME: *IMIE NAZWISKO*

TITLE: L/M

PASS NUMBER: *NR PASS*

Reporting Quarter: 2nd AVE & HOUSTON STREET

Tour of Duty: 10PM - 6AM

Regular Days Off: CZW / PT

Qualified Chuaffeur: YES ☐ NO ☑

Leave Requested for: CIRCLE

Day of Week: Sun Mon Tue Wed (Thu) Fri Sat

Inclusive Day (s): 1

Date (mm/dd/yy)

Chargeable to:

- ☐ Vacation Day (VD)
- ☑ Additional Vacation Day (AVA)
- ☐ Personal Leave Day (PLD)
- ☐ Overtime Offset (OTO)
- ☐ Bitrthday

Reason for Request of Leave:

PRZYKLAD - opisz powod, np. "PLD - sprawy osobiste"

OTHER REQUEST

- ☐ Save Birthday (Falls on RDO) *(zaznacz jesli dotyczy)*
- ☐ Pay for Birthday (Falls on RDO)

Employee's Signature: *(PODPIS - podpisz tutaj)*

Supervisory Section

Remarks:

Coverage Required: ☐ YES ☑ NO

Overtime Required: ☐ YES ☑ NO

Supervisor's Endorsement:

Date (mm/dd/yy):

Managerial Section

Remarks:

☐ **Request Approved**

☐ **Request Disapproved**

Managerial Approval:

Date (mm/dd/yy):