Request for Leave

Date submitted

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

Submitted by:

NAME:

TITLE: L/M

PASS NUMBER:

Reporting Quarter: 2nd AVE & HOUSTON STREET

Tour of Duty: 10PM - 6AM

Regular Days Off:

Qualified Chuaffeur: **YES** ☐ **NO** ☐

Leave Requested for: CIRCLE

Day of Week: Sun Mon Tue Wed Thu Fri Sat

Inclusive Day (s):

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:

OTHER REQUEST

- ☐ Save Birthday (Falls on RDO)
- ☐ Pay for Birthday (Falls on RDO)

Employee's Signature:

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):