



APPLICATION FOR PERSONAL LEAVE DAY

DATE RECEIVED

CLAIM NUMBER

	(Please Print)	nt) CLAIMANT'S S			STATEMENT			
	IRST	MIDDLE		LAST		4. LOCATION	N	
2. ADDRESS (HOME)					5. EMPLOYEE NUMBER			
CITY OR TOWN		STATE	ZIP		6. SERVICE DATE	TO	UR OF DUTY	
3. POSITION								
7. DATE(S) REQ	UESTED FOR F	PERSONAL LEA	VE					
		. ,			ND THAT THE FOREGO DGE TRUE AND COMPL		ITS, INCLUDING	1
CLAIM SIGNED ON		20	SIGNATUI	RE				
SECTION 2 (Plea	ase Print)		DEPAR		ORT	EMPLOYEE #		
1. EMPLOYEE'S NAME (As indicated on pay check) FIRST INITIAL					MIDDLE INITIAL	LAST NAME		
2. DATE EMPLOYEE LAST WORKED					MONTH D	AY YEAR		
3. LAST DAY EMPLOYEE RECEIVED REGULAR WAGES					MONTH D	AY YEAR		
4. DATE & TIME EMPLOYEE RETURNED TO WORK					MONTH D	AY YEAR	TIME AM	PM
5. INDICATE THE FOLLOWING INFORMATION AND SUPPLY THE RELIEF DAYS FOR CLAIMANT					PAYROLL INFORMATION: 6. DIVICC			
DAY OF WEEK	DATE	S.T. HOURS	O.T. HOURS	DIF. HOURS	DEPT			
WEDNESDAY					RATE OF PAY			
THURSDAY					RELIEF DAYS			_
FRIDAY					EMPLOYEE'S UNIO	N AFFILIATION:_		
SATURDAY								
SUNDAY					7. WAS THE EMPLOY	EE'S JOB COVE	RED DURING T	HE
MONDAY					PERIOD FOR WHIC	CH CLAIM IS BEI	NG MADE?	
TUESDAY					() YES	G () NO		
() APPROVED () DISAPPROVED					IF YES, INDICATE THE NUMBER OF DAYS AND WHETHER IT WAS COVERED AT THE STRAIGHT TIME RATE			
					AND/OR OVERTIME RATE			
SECTION 3					1			
AUTHORIZED S	GNATURE:				TITLE:			
DATE SIGNED:					PHONE EXTENSION:			
					(Requir	red)		