

*** **PLEASE CIRCLE ONE**>>>: BRA / EDIC / UNION

APPLICATION FOR VACATION, PERSONAL, SICK LEAVE

1. Fill out this form, have it signed by your supervisor, and forward to the attention of Human Resources.
2. **ADVANCE VACATION PAY CAN ONLY BE GRANTED FOR A MINIMUM OF ONE WEEK'S PAY.**
3. If advance pay is requested, this form *must* be received by Human Resources two weeks in advance.

*** **PLEASE PRINT** ***

Name

Department

Location

Telephone/Extension

I hereby apply for the following leave (check one only)

☐ Vacation **(Request Advance Pay ☐ Yes ☐ No)**

☐ Personal

☐ Sick

☐ Other (Explain) _____

LEAVE	MONTH	DAY	YEAR		TOTAL #	HRS/DAYS
BEGINNING						<input type="checkbox"/> HOURS
ENDING						<input type="checkbox"/> DAYS

Signature of Employee Date

Signature of Supervisor Date

DO NOT FILL IN BELOW THIS LINE - FOR HR USE ONLY

VAC.	SICK	PL

LEAVE AVAILABLE AS OF ____ / ____ / ____.

VERIFIED BY: _____
Signature Date