

# **MARYLAND TRANSPORTATION AUTHORITY POLICE**

## **REQUEST FOR LEAVE**

Employee Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Bureau/Section: \_\_\_\_\_ PIN: \_\_\_\_\_

	Dates Requested	Number of Hours
Annual Leave:		
Sick Leave:		
Personal Leave:		
Compensatory Leave:		
Other:		
Remarks:		<p style="text-align: center;">Disapproved Approved</p>

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Employee's Signature

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Supervisor's Signature