

Out Calendar

SAP Entry

Name (Please Print)

Date Submitted

Starting on (Date): _____ Hour: _____

Ending on (Date): _____ Hour: _____

REQUEST FOR LEAVE

Type of Leave (Number of Hours)

Vacation _____

*Sick _____

Comp _____

Flex _____

Remote Work _____

Leave Without Pay (LWOP) _____

***If you have been ill for more than three (3) days, please provide a doctor's note.**

Other (explanation required): _____

Requestor's Signature

Date

Approved

Date

REQUEST FOR COMP TIME ACCRUAL

Number of Hours

Purpose of Work to be Performed

Requestor's Signature

Date

Approved

Date