



**LEAVE REQUEST TRANSMITTAL FORM**

Name: \_\_\_\_\_ Position Number: \_\_\_\_\_

Leave with pay                  without pay                  holiday time                  jury duty                  other

Date(s) Requested: From: \_\_\_\_\_ Through: \_\_\_\_\_

Total number of hours requested: \_\_\_\_\_

Remarks: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Supervisor to forward original to Payroll not later than the Tuesday following the end of payroll period in which leave was taken.

**COPIES TO:** Payroll, Supervisor and Employee  
Form C-15a: 11/96; 10/00; 12/13



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