



Solving Environmental Concerns Efficiently, Effectively & Ethically

VACATION & SICK LEAVE APPLICATION FORM

PLEASE PRINT

EMPLOYEE NAME:

LAST FIRST MIDDLE INITIAL

EMPLOYEE #: DATE HIRED: YEARS EMPLOYED:

(FOR HOURLY EMPLOYEES ONLY) NUMBER OF WEEKS EMPLOYED:

CHECK ONE:

VACATION: PERSONAL: SICK: DMP: JURY DUTY:

DATE:

BEGINNING: ENDING:

NUMBER OR DAYS:

EMPLOYEE SIGNATURE:

EMPLOYEE

DATE

APPROVED:

DIVISIONAL SUPERVISOR

DATE

THIS SECTION IS TO BE USED BY PERSONNEL DEPARTMENT ONLY

TOTAL AVAILABLE DAYS BEFORE THIS APPLICATION:	TOTALS FROM THIS APPLICATION	NEW BALANCE
VACATION DAY(S) <input type="text"/>	- <input type="text"/>	= <input type="text"/>
SICK DAY(S) <input type="text"/>	- <input type="text"/>	= <input type="text"/>
PERSONAL DAY(S) <input type="text"/>	- <input type="text"/>	= <input type="text"/>
COMP. DAYS ACCURED <input type="text"/>	- <input type="text"/>	= <input type="text"/>