LEAVE-OF-ABSENCE

Requested by ___________________________ Date ____________

______ Vacation ________ Sick Leave ____________

______ Station Business ________ Other * ____________

Working Dates Absent ____________________________

_________________________________________________

Total Number of Working Days Absent ____________

Remarks:

*Explain (Jury Duty, Funerals, etc.)

Approved ___________________________ Date ____________

LEAVE-OF-ABSENCE

Requested by ___________________________ Date ____________

______ Vacation ________ Sick Leave ____________

______ Station Business ________ Other * ____________

Working Dates Absent ____________________________

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