SPACE SCIENCES LABORATORY

Request for Leave and Reporting Time Used

To: ___________________________  From: ___________________________

Request for/or Time Used

1. Sick Leave  
2. Leave Without Pay
3. Vacation Leave*  
4. Compensatory Time*

From ___________________________  o’ clock, ___________________________ 20 __________

To ___________________________  o’ clock, ___________________________ 20 __________

Reason for Request (necessary only for 1 and 3)

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**Prior approval by Supervisor

employee’s Signature

Approved: ___________________________  

Supervisor’s Signature

Date: ___________________________