

SPACE SCIENCES LABORATORY

Request for Leave and Reporting Time Used

To: _____

From: _____

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Request for/or Time Used

1. Sick Leave

3. Vacation Leave*

2. Leave Without Pay

4. Compensatory Time*

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From _____ o' clock, _____ 20 _____

To _____ o' clock, _____ 20 _____

Reason for Request (necessary only for 1 and 3)

**Prior approval by Supervisor

Employee's Signature

Approved: _____
Supervisor's Signature

Date: _____