

# *Palm Beach County*

## EMPLOYEE LEAVE REQUEST

Department: Facilities Development & Operations  
 Division: \_\_\_\_\_

Employee: \_\_\_\_\_  
 Pay period: \_\_\_\_\_

TYPE	FROM DATE / TIME	THROUGH DATE / TIME	TOTAL HOURS USED
VACATION	/	/	
VACATION	/	/	
SICK (5 DAYS OR LESS)	/	/	
SICK (5 DAYS OR LESS)	/	/	
OTHER W/PAY	/	/	
Comp Time (see below)	/	/	
Compassionate (3 days)	/	/	
Parent/Teacher Mtg. (2 hours)	/	/	
Jury Duty	/	/	
FMLA	/	/	
Military Duty	/	/	
OTHER W/O PAY	/	/	
FMLA	/	/	
Educational	/	/	
Other/Specify	/	/	

EMPLOYEES REQUESTING LEAVE ARE RESPONSIBLE TO HAVE SUFFICIENT TIME AVAILABLE ON THE DATES REQUESTED. IF INSUFFICIENT TIME EXISTS WHEN LEAVE IS ACTUALLY TAKEN - THE APPROVAL IS VOID.

**COMPENSATION TIME  
 EARNED / REQUESTED  
 (CIRCLE ONE)**

REASON OR PURPOSE	FROM DATE / TIME	THROUGH DATE / TIME	TOTAL HOURS	APPROVAL

Total hours earned	+ _____
Previous Comp Time Balance	+ _____
Comp time used this request	- _____
New Comp Time Balance	_____

REQUESTED BY: \_\_\_\_\_ Date \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ Date \_\_\_\_\_

This is to certify that I did take the above requested leave. \_\_\_\_\_

Employee Signature & Date