

# LEAVE REQUEST

PW-54 REV. 6/04

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC WORKS

ORIGINAL-SUPERVISOR

**INSTRUCTIONS**

1. PRINT OR TYPE
2. USE SEPARATE FORM for each period requested.
3. SUBMIT ENTIRE SET to supervisor.
4. FORM MUST BE SIGNED by employee AND supervisor.

EMPLOYEE NAME (Last, First, Middle Initial)		SECTION/UNIT	TYPE OF REQUEST (Check one) <input type="checkbox"/> Initial <input type="checkbox"/> Extension	
TYPE OF LEAVE REQUESTED (Check one only)				
SICK <input type="checkbox"/> SICK LEAVE	LCVCF <input type="checkbox"/> CONVENTION/CONFERENCE	SFAM <input type="checkbox"/> ILLNESS (IMMEDIATE FAMILY)	RTRNG <input type="checkbox"/> TRAINING	
SP <input type="checkbox"/> MEDICAL DENTAL APPOINTMENT	LWEDU <input type="checkbox"/> EDUCATIONAL LEAVE	SFNRL <input type="checkbox"/> FUNERAL (NOT IMMEDIATE FAMILY)	ULEDU <input type="checkbox"/> EDUCATIONAL LEAVE (UNPAID)	
SFFNR <input type="checkbox"/> FUNERAL (IMMEDIATE FAMILY)	LJURY <input type="checkbox"/> JURY DUTY	ULAW <input type="checkbox"/> AUTHORIZED LEAVE WITHOUT PAY (NO VAC. OR PL LEAVE)	VAC <input type="checkbox"/> VACATION	
ULSCK <input type="checkbox"/> AUTHORIZED LEAVE WITHOUT PAY (NO SICK LEAVE)	VS <input type="checkbox"/> VACATION IN LIEU OF SICK (NO SICK LEAVE)	CU <input type="checkbox"/> COMPENSATORY TIME	PL <input type="checkbox"/> PERSONAL LEAVE	
LMILT <input type="checkbox"/> MILITARY LEAVE	LUBLM <input type="checkbox"/> UNION BUSINESS LEAVE	LMILA <input type="checkbox"/> MILITARY LEAVE (ACTIVE DUTY)	SPR <input type="checkbox"/> PARENTAL LEAVE	
DATE LEAVE TO BEGIN (Time also, if not full day)		DATE LEAVE TO END (Time also, if not full day)		TOTAL TIME REQUESTED  Hours
REASON FOR LEAVE (SICK LEAVE ONLY)				
EMPLOYEE		SUPERVISOR		
DATE SIGNED		APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	(If NO, give reason)	
EMPLOYEE'S SIGNATURE  X		SUPERVISOR'S SIGNATURE  X		DATE SIGNED
I verify that sufficient earned leave has accrued to cover this leave request.				

WHITE - SUPERVISOR

PINK - EMPLOYEE

# LEAVE REQUEST

PW-54 REV. 6/04

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC WORKS

COPY-EMPLOYEE

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LMILT <input type="checkbox"/> MILITARY LEAVE	LUBLM <input type="checkbox"/> UNION BUSINESS LEAVE	LMILA <input type="checkbox"/> MILITARY LEAVE (ACTIVE DUTY)	SPR <input type="checkbox"/> PARENTAL LEAVE	
DATE LEAVE TO BEGIN (Time also, if not full day)		DATE LEAVE TO END (Time also, if not full day)		TOTAL TIME REQUESTED  Hours
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EMPLOYEE		SUPERVISOR		
DATE SIGNED		APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	(If NO, give reason)	
EMPLOYEE'S SIGNATURE  X		SUPERVISOR'S SIGNATURE  X		DATE SIGNED
I verify that sufficient earned leave has accrued to cover this leave request.				

WHITE - SUPERVISOR

PINK - EMPLOYEE