LEAVE REQUEST

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC WORKS

PW-54	PEV	6/04
1 44-74	ICL: Y.	0/04

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.

ORIGINAL-SUPERVISOR

	ECTION/UNIT		TYPE OF REQUEST (Check one) Initial Extension	
TYPE OF LEAVE I	REQUESTED (Check one only)		Extension	
		VENTION/CONFERENCE		
SICK SICK LEAVE SFAM ILLNESS (IMMEDATE FAMILY)		LCVCF CONVENTION/CONFERENCE RTRNG TRAINING		
SFAM ILLNESS (IMMEDATE FAMILY) SP MEDICAL DENTAL APPOINTMENT	111111111111111111111111111111111111111			
SFNRL FUNERAL (NOT IMMEDIATE FAMILY)				
SFFNR FUNERAL (IMMEDIATE FAMILY)		_		
ULAW AUTHORIZED LEAVE WITHOUT PAY (NO VAC. OR PL LEAVE)	VAC UVACA	<u> </u>		
ULSCK AUTHORIZED LEAVE WITHOUT PAY (NO SICK LEAVE)		VACATION IN LIEU OF SICK (NO SICK LEAVE)		
CU COMPENSATORY TIME	PL □ PERS	L PERSONAL LEAVE		
LMILT MILITARY LEAVE	LUBLM UNIC	LUBLM UNION BUSINESS LEAVE		
LMILA MILITARY LEAVE (ACTIVE DUTY)	SPR PARE	SPR PARENTAL LEAVE		
DATE LEAVE TO BEGIN (Time also, if not full day) DATE LE	AVE TO END (Time also, if not ful	l day) TOTAL	TIME REQUESTED	
DATE LEAVE TO BEOTH (Time also, 9 not Jun 1897)	,		Hours	
REASON FOR LEAVE (SICK LEAVE ONLY)				
			regis describe terminations eximitates expensive describe describe de la compansive monace.	
EMPLOYEE DATE SIGNED	APPROVED (If NO, 8	SUPERVISOR ive reason)		
	☐ YES ☐ NO SUPERVISOR'S SIGNATURE	*	DATE SIGNED	
EMPLOYEE'S SIGNATURE	X			
X I verify that sufficient earned leave has accrued to cover this leave request.	Α			
WHITE - SUPERVISO	OR PINK - EMPLOYEE			
LEAVE REQUEST STATE OF C	CONNECTICUT	loopy F		
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