NRCC EMPLOYEE'S REQUEST FOR ABSENCE

	n my leave balances for leave taken d below:
t	0
Month - Day - Year - Hour	Month - Day - Year - Hour
Leave Type(see	other side for code descriptions)
Other (Explain)	
Supervisor Sign & Date	Employee Sign & Date
Employee ID#	Printed Name of Employee
NRCC EMPLOYEE'S REQUEST FOR ABSENCE Please deduct hours from my leave balances for leave taken	
	d below:
Month - Day - Year - Hour	o Month - Day - Year - Hour
Leave Type (see	other side for code descriptions)
Other (Explain)	
Supervisor Sign & Date	Employee Sign & Date
Employee ID #	Printed Name of Employee

CODE DESCRIPTIONS FOR LEAVE TYPES

Paid Leave

A Annual Leave S Sick (Personal)

FS Sick Family (Non-VSDP participants only)
P Personal Leave (VSDP participants)
SA School Assistance/Community Service

CT Compensatory Leave

H Holiday Leave
OL Other Leave

W Workmen's Compensation Leave

CL Civil Leave/Jury Duty

M Military Leave

Unpaid Leave

L Leave Without Pay

ML Military Leave (Without Pay)

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