NRCC EMPLOYEE’S REQUEST FOR ABSENCE

Please deduct _______ hours from my leave balances for leave taken as listed below:

___________________________ to ___________________________
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
## 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)