SEVIER COUNTY SHERIFF'S OFFICE

Application for Leave Form

Shift: **CID**

NAME

First:_____Middle _____ Last:_____

Employee ID #:_____Organizational Unit:_____

FROM

Month:_____Day:_____Hour:_____

TO

Month:_____Day:_____Hour:_____

Total Hours:_____

I hereby request the following (If more than one selected, explain in remarks section).

_____ Annual Leave   **REMARKS:**

_____ Sick Leave   _____

_____ Leave Without Pay   _____

_____ Compensatory Time   _____

_____ Other (Specify in Remarks)   _____

Employee Signature:_____Date: _____

OFFICIAL ACTION ON APPLICATION

_____ Approved

_____ Disapproved

Supervisor Signature: _____ Date: _____