

SEVIER COUNTY SHERIFF'S OFFICE

Application for Leave Form

Shift: B

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

_____ Sick Leave

_____ Leave Without Pay

_____ Compensatory Time

_____ Other (Specify in Remarks)

REMARKS:

Employee Signature: _____ Date: _____

OFFICIAL ACTION ON APPLICATION

_____ Approved

_____ Disapproved

Supervisor Signature: _____ Date: _____