

STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND

TO: SUPERVISOR

REQUEST TO USE LEAVE CREDITS

VACATION, PERSONAL LEAVE, HOLIDAY LEAVE, COMPENSATORY TIME REQUIRES ADVANCE SUPERVISORY APPROVAL

VACATION	SICK LEAVE	PERSONAL LEAVE	HOLIDAY	COMPENSATORY TIME
<input type="checkbox"/>	<input type="checkbox"/> INDIVIDUAL-PERSONAL ILLNESS <input type="checkbox"/> FAMILY-ILLNESS/DEATH OF FAMILY MEMBER (FAMILY ILLNESS/DEATH-MAY USE UP TO 15 DAYS PER CALENDAR YEAR)	<input type="checkbox"/> REGULAR <input type="checkbox"/> TARDINESS (TARDY MORE THAN 7 MIN. MUST CHARGE IN 15 MIN.INTERVALS, IF EXHAUSTED USE VACATION)	<input type="checkbox"/> REG <input type="checkbox"/> FLOATING	<input type="checkbox"/> REGULAR <input type="checkbox"/> COMP TIME OVER 40
TIME DATE FROM _____ ON _____  TOTAL HOURS:		TIME DATE TO _____ ON _____		
PRINT NAME: _____ SIGNATURE OF EMPLOYEE: _____  DATE: _____		APPROVED YES OR NO SIGNATURE OF SUPERVISOR: _____  DATE: _____		

SUBMIT THIS FORM TO YOUR SUPERVISOR FOR APPROVAL AND THEN ATTACH IT TO YOUR TIME SHEET.

4/1/2013

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