

Housing Authority of the City of Charlotte

REQUEST FOR LEAVE

I, _____, hereby apply for _____ hours _____ days of

Print Name

_____ Leave. The leave requested shall:

Begin on _____ at _____ and End on _____ at _____

Date

Hour

Date

Hour

Comments:

Signature of Employee

Date

Approval of Department

Date

All leave shall be granted in accord with the provisions for leave as set forth in the Personnel Policy of the Authority.

Leave must be recorded in units of hours only, no matter what type of leave is requested. The following codes shall be used to describe the leave hours both on this form and on the employee's time sheet.

- AL ----- Annual/Vacation Leave
- CL ----- Compensatory Leave
- DL ----- Death Leave
- JI ----- Job Injury
- JL ----- Jury Leave
- LWP ----- Leave Without Pay
- ML ----- Military Leave
- OF ----- Official Leave
- SL ----- Sick Leave

All leave, except holidays, shall be recorded on this form.
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