

STATE OF MARYLAND
REQUEST FOR LEAVE

Employee Name: _____

Date Submitted: _____

Div./Program: _____

S. S. No.: _____

	DATES REQUESTED	NO. OF HOURS
ANNUAL LEAVE:		
SICK LEAVE:		
PERSONAL LEAVE:		
COMPENSATORY LEAVE:		
OTHER		
REMARKS:	<input type="checkbox"/> DISAPPROVED <input type="checkbox"/> APPROVED	

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EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE



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