

STATE OF ALASKA

LEAVE REQUEST/REPORT

EMPLOYEE'S NAME (PRINT - LAST - FIRST - MIDDLE INTIAL)	BU	DEPT.NO	Employee ID Number
Showalter, Shelly L	SU	10	288426

DATE LEAVE BEGINS	10	14	8:00	DATE LEAVE ENDS	10	28	16:30	TOTAL HRS	75	KRP
	MONTH	DAY	HOUR		MONTH	DAY	HOUR			

LEAVE TYPE - CHECK ONLY ONE

<input type="checkbox"/> ANN/PERS	<input type="checkbox"/> MILITARY	<input type="checkbox"/> AUTH LWOP	<input type="checkbox"/> LV CASH-IN
<input type="checkbox"/> SICK/PERS	<input type="checkbox"/> COURT	<input type="checkbox"/> DISCP LWOP	<input checked="" type="checkbox"/> OTHER (EXPLAIN BELOW)
<input type="checkbox"/> MATERNITY	<input type="checkbox"/> WKRS COMP	<input type="checkbox"/> UNAUTH LWOP	

BUS LV USED _____
 BUS LEAVE UNION APPVD _____
 BUS LV LABOR REL APPRVD _____

This form must be submitted within 24 hours after return to duty.

EXPLANATION: FLEX LEAVE 19A LV DONATED TO _____
Grandmother Assist with Health Issues
Holiday Oct 18th -

NOTE: No leave with pay will be granted in excess of that accrued to employees credit. Bargaining Unit restricts Leave type availability.

EMPLOYEE SIGNATURE	DATE
<i>[Signature]</i>	9/28/16
APPROVING OFFICER	DATE

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