

VILLAGE OF CIMARRON
REQUEST FOR LEAVE

() ANNUAL LEAVE

Date(s) Requested_____

Total Hours of Annual Leave Requested_____

() SICK LEAVE

Date(s) of Sick Leave_____

Total Hours of Sick Leave_____

() COMP TIME USED

Date(s) Comp Time Used_____

Total Hours of Comp Time Used_____

() COMP TIME EARNED

Date(s) Comp Time Earned_____

Total Hours of Comp Time Earned_____

SIGNATURE OF
EMPLOYEE_____DATE_____

APPROVED_____