

NAME (FIRST, LAST)

Joyce Gallagher 51046

ID#

FROM: DATE: 2-15-07 THRU-DATE: 2-15-07
TIME: 8:30 TIME: 12:30

TYPE OF LEAVE

- Annual
- Sick
- Other:
- Compensatory
- Personal Holiday
- Special Event

Signature: Joyce Gallagher Date: 2/14/07

Total Number of Hours Applied For:

4

Approved Disapproved

[Signature]
Supervisor Date

White: Employee Copy
Yellow: Supervisor Copy (For Payroll)
Pink: Send immediately to Court Liaison