

PART 2: To be completed by employee's supervisor.

I hereby certify that, to the best of my knowledge, the above information is accurate. Also, I hereby certify that if the leave application is approved, authorization to use leave is granted.

Print Supervisor's Name: _____ Phone: _____

Supervisor's Signature: _____ Date: _____

PART 3: To be completed by Leave Bank Committee.

REQUEST APPROVED

REQUEST DENIED

Leave Bank Committee: _____

Date: _____

PART 4: To be completed by Human Resources

	DATE / SIGN
File activated by Human Resources (copy of app. placed in file)	_____
Original application submitted to Leave Bank Committee	_____
Department notified of receipt of application	_____
Original returned to Human Resources	_____
Application is (circle one) approved or denied	_____
Number of hours granted:	
Number of hours used:	
Copy of Leave Bank Committee's letter placed in file	_____
<u>Records Updated:</u>	
History of Leave Sharing Applicants File Updated	_____
Applicant's Leave File Updated	_____
Supervisor Notified of Award Amount	_____
Transfer Contribution Electronic File Updated (if applicable)	_____
File Completed	_____
Hours of leave refunded to leave bank (if applicable)	_____