

**HAINES BOROUGH, ALASKA
LEAVE REQUEST AND AUTHORIZATION**

EMPLOYEE NAME _____ DEPARTMENT _____

TYPE(S) OF LEAVE AND NUMBER OF HOURS

<input type="checkbox"/> ANNUAL	_____ HOURS	<input type="checkbox"/> WITHOUT PAY	_____ HOURS
<input type="checkbox"/> SICK	_____ HOURS	<input type="checkbox"/> MATERNITY	_____ HOURS
<input type="checkbox"/> EXECUTIVE	_____ HOURS	<input type="checkbox"/> MILITARY	_____ HOURS
<input type="checkbox"/> COURT	_____ HOURS	<input type="checkbox"/> FLOATING HOLIDAY	_____ HOURS

REASON FOR LEAVE REQUEST _____

BEGINNING _____ THROUGH _____
Date Time Date Time

REQUESTED BY:

AUTHORIZED BY:

Employee Signature Date

Dept. Head Signature Date

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Manager Date

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