### FACILITIES MANAGEMENT

#### ANNUAL LEAVE, SICK LEAVE AND OTHER LEAVE REQUEST

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<tr>
<th>CWID</th>
<th>DEPARTMENT</th>
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- [ ] Annual Leave
- [ ] Leave Without Pay
- [ ] Military Leave
- [ ] Other
  - Specify:______________
- [ ] Sick Leave
- [ ] Funeral Leave
- [ ] FMLA Leave

**DATES REQUESTED:** from____/____/____ to____/____/_____ **TOTAL HOURS REQUESTED:** ______

**Employee’s Signature:** ___________________________ **DATE:** ______

**Supervisor/Mgr Signature:** ___________________________ **DATE:** ______

- [ ] APPROVED  - [ ] DENIED

**Notes:**

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