



TIME & LEAVE BALANCE REQUEST

NAME _____

DATE: _____

DEPARTMENT _____

TITLE _____

EXT _____

I am requesting a summary of all my current Leave Balances. All of my timesheets have been submitted to the HR Office.

The turnaround time is 2 Business Days.

FOR OFFICE USE ONLY

Time & Leave as of _____

ACCRUAL RATES

Annual Leave ____ D ____ H ____ M

A.L. Monthly Accrual Rate ____ D ____ H ____ M

Sick Leave ____ D ____ H ____ M

S.L. Monthly Accrual Rate ____ D ____ H ____ M

Unscheduled Holidays _____

Annual Leave Cap _____

Compensatory Time _____

A.L. Yearly Accrual _____ D

Date Sent _____

S.L. Yearly Accrual _____ D

Completed by: _____

* **D= Day/s** **H=Hour/s** **M=Minutes***

Request Made: Phone ___ / Email ___ / By Supervisor ___ / In Person ___