

The Office of Human Resources  
**REQUEST FOR TIME LEAVE BALANCES**

<i>Last Name</i>			
<i>First Name</i>			
<i>Department</i>			
<i>Job Title</i>			
<i>Telephone Ext.</i>		<i>Work Location</i>	
<i>Last Four Digits of Social Security No.</i>			

You will receive your request within 7 business days. You must provide a telephone extension and your worksite location to have your request forwarded to you.

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**Do Not Write in the Space Below**

<i>Requested Time</i>	<i>Hours Available</i>	<i>Equivalent No. of Days</i>
<i>Annual Leave Balance</i>		
<i>Sick Leave Balance</i>		
<i>Unscheduled Holiday</i>		
<i>Compensatory Time</i>		

**Additional Comments:**

The above information includes accrual balances for the month(s) \_\_\_\_\_ Therefore, if you have taken any time, please deduct it (in hours) from the appropriate column. Note: Deductions do not apply to Unscheduled Holidays.

We are missing \_\_\_\_\_ timesheets and are unable to provide the requested information. Return this form with the missing timesheets by \_\_\_\_\_, and your request will be processed.

*\*For confidentially reasons, information not claimed by employee within 2 weeks will be shredded and discarded.*