



Maryland School for the Deaf

Request for Leave

Name: _____
 Soc. Sec. No.: XXX - XX - Request Date: _____

Types of Leave Requested	Dates	Number of hours
Personal Leave:		
Sick Leave:		
A: For: Self Family*		
B: Death in Family* *Relationship to Employee _____ Name of Relative _____		
Annual Leave:		
Other Types of Leave - Code: (See Below)		

A. _____
 EMPLOYEES' SIGNATURE DATE

B. _____
 SUPERVISOR'S SIGNATURE DATE

C. _____
 DEPARTMENT HEAD'S SIGNATURE DATE

D. _____
 SUPERINTENDENT'S OR ASSISTANT SUPERINTENDENT'S SIGNATURE DATE
 (AS REQUIRED)

TYPES OF LEAVE	CODE	COMMENTS	SIGNATURES REQUIRED
ANNUAL	A		A&B, A,B,C OR A&C
SICK SELF/FAMILY DEATH IN FAMILY	S/FS DS		A&B, A,B,C OR A&C
PERSONAL	P	MUST NOTIFY SUPERVISOR OF USE WITHIN 15 MINUTES OF NORMAL WORK SCHEDULE	A&B, A,B,C OR A&C
MILITARY	M	ATTACH A COPY OF ORDERS	A,B,C
JURY/SUPBOENA	J	ATTACH COURT DOCUMENT	A&B, A,B,C OR A&C
HOLIDAY	H		A&B, A,B,C OR A&C
LEAVE WITHOUT PAY	LWOP	SEE PERSONNEL OFFICE FOR GUIDELINES	A&B, OR A,B,C,D
COMPENSATORY TIME	CTU		A&B, A,B,C OR A&C