PO BOX 300662 | Kansas City, MO 64130 Phone: 816-921-8311

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REQUEST FOR ANNUAL LEAVE, SICK OR APPROVED ABSENCE

Name:	Jame: Date(s):			PP(s):	
Accrued Annual Leave					
DATE		TIME			
From	То	From	То	TOTAL HOURS	
Accrued Sick Leave					
DATE		TIME			
From	То	From	То	TOTAL HOURS	
Leave Without Pay					
DATE			TIME		
From	То	From	То	TOTAL HOURS	
	_				
Travel Official Tour of Duty					
DATE		DATE TOTAL HOURS		TOTAL HOURS	
From	From	From	То	TOTAL HOURS	
Remarks:					
Nemarks.					
Certification: I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's					
procedures for requesting leave/approved absence. (Medical note for 3 or more days of SL is required) and that falsification of information on this form					
may be grounds for disciplinary action, including removal.					
Employee Signature:			Date:		
Supervisor Signature: Date:					
For Office Use Only					
Approved: Disapproved: (If disapproved, give reason. If annual leave, initiate action to reschedule)					
REASON FOR DISAPPROVAL: DATE:					
Executive Director or De	signee Approval:		DATE:		
Privacy Act Statement -Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by					
management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal, State. or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or					

security reasons; to the Office of personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

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