

**Court Reporting Services**  
**Request for Authorized Leave**

Employee Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Leave	Days Requested	Days Available	Balance Remaining
<input type="checkbox"/> Vacation			
<input type="checkbox"/> Nominal Sick			
<input type="checkbox"/> Personal			
<input type="checkbox"/> Funeral			
<input type="checkbox"/> Other (Please explain)			

Comments: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved     Denied

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_