

**REQUEST FOR ANNUAL LEAVE, SICK OR APPROVED ABSENCE**



South Florida Veterans Affairs  
 Foundation for Research and Education, Inc.  
[www.sfvafre.org](http://www.sfvafre.org)

1201 NW 16 STREET MIAMI, FL 33125 PHONE (305) 575-7000 X 4495 FAX: (305) 575-3126

Name: \_\_\_\_\_ Date(s): \_\_\_\_\_ PP(s): \_\_\_\_\_

**Accrued Annual Leave**

DATE		TIME		TOTAL HOURS
From	To	From	To	

**Accrued Sick Leave**

DATE		TIME		TOTAL HOURS
From	To	From	To	

**Leave Without Pay**

DATE		TIME		TOTAL HOURS
From	To	From	To	

**Travel Official Tour of Duty**

DATE		DATE		TOTAL HOURS
From	From	From	To	

Remarks: \_\_\_\_\_

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 Designee 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 Life insurance or Health Benefits carriers regarding a claim; to a 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.