

TOWN OF CARY EMPLOYEE LEAVE APPLICATION

EMPLOYEE NAME	PAY PERIOD #	YEAR
DEPARTMENT	BEGINNING DATE OF PAY PERIOD (SUNDAY)	

INDICATE DATES AND NUMBER OF HOURS OF LEAVE REQUESTED

DATES	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOT.
Vacation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Sick															
Comp															
Civil															
W/out pay															
Military															
Other															

EMPLOYEE SIGNATURE	DIRECTOR SIGNATURE
SUPERVISOR SIGNATURE	

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