RESA 4

OSE/NON-WORKING DAY LEAVE REQUEST FORM

FY 2016

TO:	EXECUTIVE DIRECTOR	
FROM	:	
DATE:		
I WOU	ILD LIKE TO REQUEST DATE(S)	
AS (PLEASE CH	HECK TYPE OF LEAVE REQUESTED BELOW):	
	OSE (SIX UNSCHEDULED - PAID)	
	SIX DAYS BEGINNING 7/1/2015: NUMBER OF OSE DAYS USED TO DATE: NUMBER OF OSE DAYS THIS REQUEST: NUMBER OF DAYS REMAINING:	
	NONWORKING DAYS PLUS FIVE CARRYOVER DAYS IF APPLICABLE	
	NUMBER OF DAYS BEGINNING 7/1/2015: NUMBER OF NONWORKING DAYS USED TO DATE: NUMBER OF NONWORKING DAYS THIS REQUEST: NUMBER OF NONWORKING DAYS REMAINING:	

APPROVED______ DATE_____

NOTE: RESA 4 PERSONNEL POLICY 3.06 - NONWORKING LEAVE: FORMS ARE TO BE SUBMITTED FOR APPROVAL TO EXECUTIVE DIRECTOR **PRIOR** TO DATES REQUESTED.