

RESA 4

OSE/NON-WORKING DAY LEAVE REQUEST FORM

FY 2016

TO: EXECUTIVE DIRECTOR

FROM: _____

DATE: _____

I WOULD LIKE TO REQUEST _____
DATE(S)

AS (PLEASE CHECK TYPE OF LEAVE REQUESTED BELOW):

_____	OSE (SIX UNSCHEDULED - PAID)	
	SIX DAYS BEGINNING 7/1/2015:	<u>6</u>
	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.