

<u>Certified Employee Personal Leave Request</u> <u>for Staff Development / In-Service Day</u>

Name (please print):	LAST	FIRST	MIDDLE
Employee Number:			
ob Title/Work Location:			
request personal leave of absendated below:	ce from my duties on	the staff developm	ent / in-service day
y signing below, I confirm that UM-A037, as indicated below.	my request is due to a	once in a lifetime	event, as defined in
□ Event			
Day of leave:	Month	Day	Year
Documentation is necessary to this request.			t, and is attached
to this request.			
ignature of Employee		Date	
have reviewed this request. The	e proper procedures h	ave been followed	
ignature of Immediate Supervisor		Date	
ignature of Chief Human Resource	es Officer/Designee	Date	
ignature of Chief Human Resource Approved Disappe	Ū	Date	

8/12/21, Rev. C HUM–F086