

**Sitka Police Department
Application for Time Off**

Name:

Date:

Address while absent:

TIME	Month	Day	Year	Hour	Total
Beginning					Days
Ending					Hours
Return to Duty					
CLASS OF LEAVE	Comments				
Personal Leave					
Leave Without Pay					
Military Leave					

Signature (Employee)

Date

Approved by (Supervisor)

Date

Authorized by (Administrator)

Date

(LWOP in excess of 10 days)

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