

III. SUPERVISOR ENDORSEMENT

Date all Paid Leave will be exhausted: _____

I **Do** [] **Do not** [] recommend approval of the employee's absence from the work place.

I **Do** [] **Do not** [] recommend approval of this application based upon the hardship as described by the applicant.

I **do not** recommend approval for the following reason(s): _____

Supervisor's Signature: _____

Date: _____

IV. HUMAN RESOURCE'S REVIEW

PERSONNEL: _____
(Signature) (Date)

VICE PRESIDENT
ADMINISTRATION AND FINANCE: _____
(Signature) (Date)

Approved: YES [] NO []

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PRIVACY ACT STATEMENT

AUTHORITY: Public Law 103-103, U.S.C. 6332, Title 5 and EO 9397.

PRINCIPLE PURPOSE: Used primarily by management and the payroll office to identify records properly associated with the leave transfer program. May also be disclosed to a national, state, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the government is part of a suit. SSN is used for positive identification.

ROUTINE USES: None

DISCLOSURE: Disclosure is voluntary. However, failure to do so may prevent proper administration of the leave transfer program.