Request for Leave or Approved Absence

1. Name (Last, first, middle)				2. Employee or Social Security Number (Enter only the last 4 digits of the Social Security Number (SSN))			
3. Organization		NITE					
NTEU/CBP							
4. Type of Leave/Absence (Check appropriate box(es) below)	D From	ate To	Time From To		Total Hours	5. Family and Medical Leave	
Accrued Annual Leave						If annual leave, sick leave, or leave without pay will be used	
Restored Annual Leave						under the Family and Medical Leave Act of 1993, please provide	
Advanced Annual Leave						the following information: I hereby invoke my	
Accrued Sick Leave						entitlement to Family and Medical Leave for:	
Advanced Sick Leave						Birth/Adoption/Foster Care	
Purpose: Illness/injury/incapacitation of requesting employee						Serious health condition of spouse, son, daughter, or parent Serious health condition of self	
 Medical/dental/optical examination of requesting employee Care of family member, including medical/dental/optical examination of family 							
member, or bereavement							
Care of family member with a serious health condition Contact your supervisor and/or							
Other						your personnel office to obtain additional information about your	
Compensatory Time Off						entitlements and responsibilities under the Family and Medical	
Other Paid Absence (Specify in Remarks)						Leave Act. Medical certification of a serious health condition may be	
Leave Without Pay						required by your agency.	
6. Remarks : Union Official Time 35 – Negotiations 36 – Partnership/Joint Committee Activities (COSS Transaction Code)							
Training (MMGRT) 37 – Representational Activities 38 – Grievances and Appeals							
7. Certification : I hereby request requested for the purpose(s) indicate approved absence (and provide addibe grounds for disciplinary action, in	ed. I understar tional docume	nd that I must com ntation, including r	ply with my	employing age	ency's proc	cedures for requesting leave/	
7a. Employee Signature 7b. Date						•	
18d. Utticial Action on Request: Approved Disapproved						roved, give reason. If annual leave, tion to reschedule.)	
8b. Reason for Disapproval:							
8c. Supervisor Signature					8d. Date		
		PRIVACY A	CT STATEME	NT			

Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to Title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.