

Laboratory of Tree-Ring Research

Approval Form for Vacation / Sick Leave / Comp Time

Please fill in all dates so we may mark you
“OUT” on the Main Office Checkout Board

Name _____

Date _____

Annual Leave

Date(s) _____

Total Hours _____

Sick Leave

Date(s) _____

Total Hours _____

Comp Time

Date(s) _____

Total Hours _____

Approval

Supervisor's Signature: _____

Date _____