

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Request for Leave

Name: _____

Assignment: _____

Type of Leave	No. of Hours	Date(s) Requested	Time Absent from Work
ANNUAL			from _____ to _____
COMPENSATORY			from _____ to _____
PERSONAL			from _____ to _____
SICK			from _____ to _____
OTHER			from _____ to _____

Remarks: _____

(Only fill out above when less than 8 hours used)

Approved

Denied

Employee's Signature / Date

Supervisor's Signature / Date