COMPENSATION AND BENEFITS LEAVES AND ABSENCES

DEC (EXHIBIT)

EXHIBIT D

COMMUNITY SERVICE LEAVE (CSL) REQUEST FORM

Name of Employee:	
Department:	
Date and Location of CSL:	
Number of Hours Requested:	
Description of CSL Activity:	
I understand that the hours I use for CSL n and that I cannot exceed 16 hours for the	nust be reported on my monthly absence report calendar year.
Employee Signature:	Date:
Supervisor Signature:	Date:

DATE ISSUED: 7/9/2014

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