

**DISTRICT COURT OF MARYLAND
LEAVE REQUEST**

I hereby request leave as follows:

LEAVE

DATES

Annual

.....

Comp Time

.....

Personal

.....

Sick*

.....

Administrative

Purpose for Administrative Leave:

.....

.....
Signature Date

*For use when doctors appointments are scheduled or extended absence due to surgery, etc. is anticipated.

Approved

.....
Signature Date

Disapproved

.....
Title