

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below

1. Name (Print or type--Last, First, M.I.)			2. Employee I.D. Number DO NOT INCLUDE SSN INFO		
3. Organizational Unit	4-A Month From:	Day	Hour	A.M.	4-C Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks.) <input type="checkbox"/> Annual Leave (Annual Leave requested may not exceed the amount available for use during the leave year)	4-b Month To:	Day		A.M.	
<input type="checkbox"/> Sick Leave (Complete reverse side of form) <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other (Specify) <i>Authorized Absence to attend:</i>	6. Remarks				
			7. Employee's Signature		8. Date (Month, Day, Year)

OFFICIAL ACTION ON APPLICATION

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (annual leave approved may not exceed the amount available for use during the leave year)	Date (Month, Day, Year)
VA Dept. Chief/VA Service Line Exec.		

NSN 7540-00-753-5067

Please detach this notice before submitting SF 71

PRIVACY ACT STATEMENT

Section 6311 of Title 5 to the U.S. 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; to a State Unemployment compensation office regarding a claim; to Federal Life Insurance of Health Benefits carriers regarding a claim; to a Federal, State or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is you Social Security Number, collection of this information is authorized by Executive Order 9937. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

If your agency uses the information furnished on this form for purposes other than these indicated above, it may provide you with an additional statement reflecting those purposes.

Employee's Tour of Duty: