



WESTCHESTER COUNTY DEPARTMENT OF CORRECTION
Leave Request Form

Completed form is to be given to the Shift Commander

This form is to be submitted to the Shift Commander on whose shift the time is requested.

It is requested that I, _____ Employee I.D. #: _____
(PRINT NAME)

Assigned to the: ☐ Jail ☐ Penitentiary ☐ Women's Unit ☐ Transportation

be granted time off in the amount of: ☐ Full Day ☐ Half Day 1st half off ☐ Half Day 2nd half off

☐ Other _____
(# OF HOURS)

and charged to: ☐ PL ☐ Holiday ☐ Time Owed ☐ Annual on _____
(DATE REQUESTED)

(EMPLOYEE SIGNATURE)

(DATE SUBMITTED)

This portion to be completed by the Shift Commander

Bank Balance Verification:

☐ Personal Leave	Balance: _____	☐ Holiday	Balance: _____
☐ Time Owed	Balance: _____	☐ Annual	Balance: _____

☐ Leave time entered into staff management system.

This is number _____ of maximum number allotted off _____

(SHIFT COMMANDER) ☐ Approved ☐ Denied _____
(DATE)

(DEPUTY COMMISSIONER / ASSISTANT WARDEN) ☐ Approved ☐ Denied _____
(DATE)