## **EXHIBIT A**

## REQUEST FOR DISCRETIONARY LEAVE

Note:		nmediate supervis	ve or personal leave must be sub- or days in advance of the C(LOCAL).
Name		Job title	
Campu	s/Department	<del></del>	
Date(s)	of requested leave	· · · · · · · · · · · · · · · · · · ·	
Leave r	equests shall be granted or de	enied in accordanc	ce with DEC(LEGAL) and (LOCAL).
Employ	ee's signature	AFIN WHITE COLOR	Date
	Granted		
	Denied for the following reason(s):		
-			
Supervisor's signature			Date
Note:	A copy of this form, with ap Report when the leave is ta		ttached to the Absence From Duty