

**North Carolina Department of Labor
Leave Request**

(Employee Name)	(Month)
(Division)	(Date Submitted)

Day	Hours Requested				Day	Hours Requested		
	(3)	(4)	(5)			(3)	(4)	(5)
	Sick Leave	Annual Leave	Other			Sick Leave	Annual Leave	Other
1					17			
2					18			
3					19			
4					20			
5					21			
6					22			
7					23			
8					24			
9					25			
10					26			
11					27			
12					28			
13					29			
14					30			
15					31			
16					Total:			
Requesting Employee:				Supervisory Action:				
(Employee Signature)				(Supervisor Signature)				

Form DOLB-9A