

Recipient Application

Employee's Name:			
Position Title:			
Grade:		Organization:	
Immediate Supervisor:			
Supervisor's Endorsement:			
As of (date), my current leave balance(s) is/are			
Sick Leave: hrs			
Annual Leave: hrs			
My current leave balance(s) is/are expected to expire on (date).			
Employee Signature:		Date:	
Financial Management Branch N948 (leave balance verification):		Date:	
NAF Human Resources N941 (approval):		Date:	