

20.03	8		No. of Hrs.		O-Hrs. of Hrs.		—		H	V	S	T	I	W	F	C	M	B	A	L	X	Bal. Fwd.	Vac. Hrs.	Sick Hrs.	CTF										
	8 Hrs. Wk.	Less Than 8 Hrs. Wk.	Less Than 8 Hrs. Wk.	Over Time Work	Day Off	Holiday	Vac.	Sick	Comp. T.O.	Accidental Injury	Worker's Compensation	Funeral	Court	Military	Collect. Bgn.	Adm. T.O.	L.W.O.P.	Standby																	
Jan.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	720	1517	.50.
Jan.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	0	0	
Jan.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
Jan.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	734	1531	
Feb.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	18	0	
Feb.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
Feb.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	730	1545	
Mar.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	7	0	
Mar.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
Mar.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	743	1559	
Apr.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	1	0	
Apr.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
Apr.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	757	1593	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	20	0	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	751	1587	
Jun.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	0	0	
Jun.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
Jun.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	765	1601	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	22	0	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	756	1615	
Aug.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	22	0	
Aug.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
Aug.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	748	1629	
Sept.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	4	0	
Sept.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
Sept.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	758	1643	
Oct.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	18.5	0	
Oct.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
Oct.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	753.5	1657	
Nov.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	56	0	
Nov.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
Nov.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	711.50	1671	
Dec.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Earn	45.5	0	0611
Dec.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal.	14	14	
Dec.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Used	680	1685	

BUREAU OF CONVEYANCES

MEMORANDUM

Date: February 20, 2003
To: Ernest Lau, Deputy Chairperson
Fr: Carl Watanabe *CW*
Re: Form G-1 Approval

Attached are two G-1's to cover absences from the office.

- a. February 6, 2003 - 2 hours to have refrigerator replaced at home.
- b. February 18 and 19, 2003 - Lower back problems, stayed home.

Using vacation in lieu of sick leave as I am in a use it or lose it situation with vacation accruals.

Would appreciate your acknowledgment on both these requests.

Please leave approved forms in our box for pickup

Thank you.

200612

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2-6-03

I, CARL WATSON, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 2.0 working hours for the calendar period from 6 February 2003 to

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE) for the calendar period from to

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: 2/6/03 Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: 2/6/03 Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200613

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2-20-03

I, CARL WATANABE, apply for a leave of absence as follows:
(PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 66.0 working hours
(TYPE OF LEAVE)
 for the calendar period from 18 February 2003 to 19 February 2003
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of _____
(TYPE OF LEAVE)*
 for the calendar period from _____ to _____
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

A doctor's certificate _____ attached.
(IS) (IS NOT)

Date: _____ Approval _____ recommended.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF EMPLOYEE)

[Signature]
(SIGNATURE OF SUPERVISOR)

Date: _____ Approval _____ granted.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY.
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LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

1. Credits accumulated as of Jan. 1, this year	_____	_____
2. PLUS credit earned from Jan. 1 to date	_____	_____
3. Total credits to date	_____	_____
4. LESS leave taken from Jan. 1 to date	_____	_____
5. NET or unused leave credit as of this date	_____	_____
6. Number of days leave taken LAST YEAR.....	_____	_____

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- Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200614

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/20/03

I, CAEL WATSON BBE apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 21 MARCH 2003 to (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with 3 columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200615

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 5/1/03

I, CARE T. WATSON (BB), apply for a leave of absence as follows:
(PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 20 working hours
(TYPE OF LEAVE)
 for the calendar period from see below TO _____
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of _____
(TYPE OF LEAVE)*
 for the calendar period from _____ TO _____
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

A doctor's certificate _____ attached.
(IS) (IS NOT)

5/1/03 - 4 HRS 5/8/03 - 8 HRS
5/2/03 - 8 HRS

[Signature]
(SIGNATURE OF EMPLOYEE)

Date: 5/1/03 Approval _____ recommended.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF SUPERVISOR)

Date: 5/1/03 Approval _____ granted.
(IS) (IS NOT)

THE USE OF THIS SECTION IS NOT MANDATORY.
 DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

<u>LEAVE STATUS OF EMPLOYEE</u>	<u>VACATION</u>	<u>SICK LEAVE</u>
1. Credits accumulated as of Jan. 1, this year	_____	_____
2. PLUS credit earned from Jan. 1 to date	_____	_____
3. Total credits to date	_____	_____
4. LESS leave taken from Jan. 1 to date	_____	_____
5. NET or unused leave credit as of this date	_____	_____
6. Number of days leave taken LAST YEAR	_____	_____

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
- Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/20/03

I, CAEU WATANABE, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 4.0 working hours for the calendar period from 7 1 03 to (DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE) for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

Leaving office at 12:30

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200617

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 7/08/03

I, CAREI WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 16.0 working hours for the calendar period from 10 July 2003 to 11 July 2003

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200618

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 7-14-03

I, CARU WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 3.0 working hours for the calendar period from 14 JULY 2003 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR) (SIGNATURE OF DEPT. HEAD)

Date: Approval granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200619

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE JUL 22 2003

I, CARL T. WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 16.0 working hours for the calendar period from 4 August 2003 to 5 August 2003

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200620

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 08/14/03

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 4.0 working hours (12:30 - 4:30 p.m.) for the calendar period from 22 August 2003 to same

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

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LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200621

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 08/28/03

I, CARL T. WATANABE apply for a leave of absence as follows:
(PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to Vacation of 2.0 working hours
(TYPE OF LEAVE)
for the calendar period from 29 August 2003 to same
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of
(TYPE OF LEAVE)*
for the calendar period from to
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

A doctor's certificate attached.
(IS) (IS NOT)

Jan 2:30

Date: Approval 15 recommended.
(IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)
(SIGNATURE OF SUPERVISOR)

Date: Approval granted.
(IS) (IS NOT)

(SIGNATURE OF DEPT. HEAD)

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Table with 3 columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200622

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 09/03/03

I, CARL T. WATANABE, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to Vacation of 2.0 working hours for the calendar period from 05 September 2003 to same

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

Leave at 2:30 p.m.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200623

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 09/17/03

I, CARL T. WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 2.0 working hours for the calendar period from 19 September 2003 to same

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

2:30 - 4:30 p.m.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200624

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10/08/03

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.5 working hours

for the calendar period from 8 October 2003 to same

b. WITHOUT PAY, for the purpose of

for the calendar period from to

A doctor's certificate attached.

Leave at 3:00 p.m.

Signature of Employee

Date: 10/8/03 Approval (IS) (IS NOT) recommended.

Signature of Supervisor

Date: 10/8/03 Approval (IS) (IS NOT) granted.

Signature of Dept. Head

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc

200625

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10/15/03

I, CARL T. WATANABE apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 15 October 2003 to same

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate is not attached.

Doctor's appointment

Signature of Employee

Date: Approval recommended.

Signature of Supervisor and Department Head

Date: Approval granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200626

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10/17/03

I, CARL WATAJABU, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 16 1/2 working hours for the calendar period from 24 OCT 2003 to 27 OCT 2003

b. WITHOUT PAY, for the purpose of ... for the calendar period from ...

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: ... Approval ... recommended.

(SIGNATURE OF SUPERVISOR)

Date: ... Approval ... granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200627

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 11/6/03

I, CARE WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 16 working hours for the calendar period from 7 NOV 2003 to 10 NOV 2003

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200628

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE NOV 6, 2003

I, CAROL WATSON DORR, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 32 working hours for the calendar period from 24 NOV 2003 to 28 NOV 2003

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200629

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 11/13/03

I, CARL T. WATANABE apply for a leave of absence as follows:
(PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 8.0 working hours
for the calendar period from 12 November 2003 to same
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of
for the calendar period from to
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

A doctor's certificate attached.
(IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200630

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/9/03

I, CARL WATKINS apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 2.0 working hours for the calendar period from 12 DEC 2003 to (DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200631

48905

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/04/03

I, CARL T. WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 40 working hours for the calendar period from 1 December 2003 to 5 December 2003

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate is attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200632

Certificate to return to work

Name CHR Watanabe

has been under my care from 12/1/03 to 12/7/03

and will be able to return to work on 12/08/03

Nature of illness or injury _____ COV

Restrictions Light work

Comments _____

Dr Ronald G. Perry, M.D. Phone (_____) DEC 04 2003

Address 2320 Young Street
Honolulu, HI 96826 Date _____
(808) 946-4541

200633

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/29/03

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 2.0 working hours for the calendar period from DEC 29 2003 to DEC 29 2003

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

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LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200634

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/30/03

I, CARL WATSON, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.5 working hours for the calendar period from DEC 30 2003 to DEC 30 2003

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200635

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 1/12/04

I, GARE WAZANOR, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 2.0 working hours for the calendar period from 12 1 04 to same

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached:

Personal.

(SIGNATURE OF EMPLOYEE)

Date: 1/12/04 Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: 1/12/04 Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200637

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 1/22/04

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 22 01 2004 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval 15 granted.

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200638

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/3/04

I, CALE WATSON, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 3 Feb 2004 to ...

b. WITHOUT PAY, for the purpose of ... for the calendar period from ... to ...

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended. (IS) (IS NOT)

(SIGNATURE OF SUPERVISOR)

Date: Approval granted. (IS) (IS NOT)

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200639

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/12/04

I, CAOL WATGUSBE (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION (TYPE OF LEAVE) of 1.0 working hours for the calendar period from 12 Feb 2004 (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR):

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR):

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200640

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/19/04

I, CARU WATANABE apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 19 FEB 04 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

Date: Approval recommended.

Date: Approval granted.

Signatures of Employee, Supervisor, and Dept. Head.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows 1-6 detailing leave credits and usage.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS, Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200641

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/24/04

I, CARL WATSON JR, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of .75 working hours for the calendar period from 24 FEB 2004 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200642

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/2/04

I, CAROL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of .5 working hours for the calendar period from 2 MARCH 2004 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200643

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/9/04

I, CARL WATAJODE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.5 working hours for the calendar period from 9 March 2004 to ...

b. WITHOUT PAY, for the purpose of ... for the calendar period from ... to ...

A doctor's certificate attached. (IS) (IS NOT)

Date: Approval recommended. (IS) (IS NOT)

Date: Approval granted. (IS) (IS NOT)

Signatures of Employee, Supervisor, and Dept. Head.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows 1-6 detailing leave credits and usage.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200644

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/11/04

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 11 March 2004 to ...

b. WITHOUT PAY, for the purpose of ... for the calendar period from ... to ...

A doctor's certificate ... attached.

(SIGNATURE OF EMPLOYEE)

Date: ... Approval ... recommended.

(SIGNATURE OF SUPERVISOR)

Date: ... Approval ... granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200645

49444

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/16/04

I, CARL WATANABE (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION (TYPE OF LEAVE) of 3.0 working hours for the calendar period from SEE BELOW (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

3/16/04 1 hr
3/18/04 1 hr
3/19/04 1 hr.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with 3 columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200646

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/19/04

I, CADE WATSON, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from MAR 19 2004 to MAR 19 2004

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE) for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: 3/19/04 Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: 3/19/04 Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

(long lunch) THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200647

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/19/04

I, CARL WATAJUBE (PRINT YOUR NAME CLEARLY) apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION (TYPE OF LEAVE) of 1.0 working hours for the calendar period from 22 MARCH 2004 (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(Leaving at 3:30 p.m.)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200648

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/30/04

I, CAOL WATANABE (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION (TYPE OF LEAVE) of 1.0 working hours for the calendar period from 30 MAR 2004 (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated as of Jan. 1, PLUS credit earned from Jan. 1 to date, Total credits to date, LESS leave taken from Jan. 1 to date, NET or unused leave credit as of this date, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200649

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/1/04

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 1 APRIL 04 to :

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

Date: Approval (IS) (IS NOT) recommended.

Signature of Employee and Signature of Supervisor

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200650

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/6/04

I, CAROL WATANABE (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION (TYPE OF LEAVE) of 1.0 working hours for the calendar period from 6 APRIL 04 (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR):

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR):

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

3:30 - 4:30 pm

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200651

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/15/04

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 15 APRIL 2004 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200652

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 9/20/04

I, CARL WATANABE (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 9.0 working hours for the calendar period from 30 (9) APRIL 2004 to (DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE) (SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) recommended.

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200653

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/26/04

I, CARL WATANABE (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION (TYPE OF LEAVE) of 15 working hours for the calendar period from 26 APRIL 2004 to (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

Date: Approval (IS) (IS NOT) recommended.

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF EMPLOYEE) (SIGNATURE OF SUPERVISOR) (SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200654

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/28/04

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 28 April 2004 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

Signatures of Employee and Supervisor

Date: Approval recommended.

Date: Approval granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows 1-6 detailing leave credits and usage.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200655

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 5-14-04

I, CARL UNATAW/BBR (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION (TYPE OF LEAVE) of 1.0 working hours for the calendar period from 14 MAY 04 (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR):

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR):

A doctor's certificate (IS) (IS NOT) attached.

Signature of Employee

Date: Approval (IS) (IS NOT) recommended.

Signature of Supervisor

Date: Approval (IS) (IS NOT) granted.

Signature of Dept. Head

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 6 rows and 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200656

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 5/20/04

I, CARU WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 20 May 2004 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

Date: Approval recommended.

Date: Approval granted.

Signatures of Employee, Supervisor, and Dept. Head

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200657

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 5/25/04

I, CAEL WATANABE (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to Comp (TYPE OF LEAVE) of 1.0 working hours for the calendar period from 25 MAY 2004 (DAY) (MONTH) (YEAR) TO (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) TO (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200658

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/1/04

I, CARL WATANABE, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 20 working hours for the calendar period from 1 June 04 AND 3 JUNE 04

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

6/1/04 - 1hr
6/3/04 - 1hr

Date: Approval (IS) (IS NOT) recommended.

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF EMPLOYEE)
(SIGNATURE OF SUPERVISOR)
(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200659

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/8/04

I, CARU WATSON (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 2.0 working hours for the calendar period from 08 JUNE 2004 to 10 JUNE 2004.

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR).

A doctor's certificate attached. (IS) (IS NOT)

6/8/04 - 1.0 hr
6/10/04 - 1.0 hr

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200660

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/8/04

I, CARU WATAMBE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 8.0 working hours for the calendar period from 25 JUNE 2004 to :

b. WITHOUT PAY, for the purpose of for the calendar period from to :

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

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5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200661

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/08/04

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 8.0 working hours for the calendar period from 9 July 2004 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200662

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/17/04

I, CARL WATSON, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 17 JUNE 04 to ...

b. WITHOUT PAY, for the purpose of ... for the calendar period from ... to ...

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: ... Approval ... recommended. (IS) (IS NOT)

(SIGNATURE OF SUPERVISOR)

Date: ... Approval ... granted. (IS) (IS NOT)

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200663

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/22/04

I, CARU WATSON, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 22 June 2004 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200664

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/29/02

I, CARU WATSON, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 29 June 2004 to :

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE) (SIGNATURE OF SUPERVISOR) (SIGNATURE OF DEPT. HEAD)

Date: Approval (IS) (IS NOT) recommended.

Date: Approval (IS) (IS NOT) granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200665

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 7/1/04

I, CARL WATSON, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.0 working hours for the calendar period from 1 July 2004 to ...

b. WITHOUT PAY, for the purpose of ... for the calendar period from ... to ...

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: ... Approval ... recommended. (IS) (IS NOT)

(SIGNATURE OF SUPERVISOR)

Date: ... Approval ... granted. (IS) (IS NOT)

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 6 rows and 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200666

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 7/27/04

I, CARU WATANABE, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to SICK (TYPE OF LEAVE) of 1.0 working hours for the calendar period from 28 July 2004 to (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: 7/27/04 Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200667

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 08/24/04

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to Sick of 16.0 working hours for the calendar period from 23 August 2004 to 24 August 2004

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate is not attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200668

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 09/14/04

I, CARL T. WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 8.0 working hours for the calendar period from 30 September 2004 to same

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200669

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE SEP -9 2004

I, CARL T. WATANABE, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 3.5 working hours for the calendar period from 10 September 2004 to same

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate is not attached. (IS) (IS NOT)

Leaving @ 1:00 p.m.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

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LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200670

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 09/17/04

I, CARL T. WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 1.5 working hours

for the calendar period from 17 September 2004 to same

b. WITHOUT PAY, for the purpose of

for the calendar period from to

A doctor's certificate attached.

Leaving at 3:00 p.m.

[Signature of Employee]

Date: Approval recommended.

[Signature of Supervisor]

Date: Approval granted.

[Signature of Dept. Head]

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200671

51832

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 9/28/04

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 8 working hours for the calendar period from 1st October 2004 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200672

200673

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10-28-04

I, CARU WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1 working hours for the calendar period from OCT 28 2004 to OCT 28 2004

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: 10/28/04 Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: 10/28/04 Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200673

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 09/20/04

I, CARL T. WATANABE, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to Vacation of 32 working hours for the calendar period from 22 November 2004 to 26 November 2004

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

11/25 - HOLIDAY (Thanksgiving)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

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Table with 3 columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200674

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/8/04

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to SICK (TYPE OF LEAVE) of 16.0 working hours for the calendar period from 6 Dec 04 to 7 Dec 04

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200675

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/29/04

I, CAROL WATANABE apply for a leave of absence as follows:

a. WITH PAY, charged to Sick or 1.0 working hours for the calendar period from DEC 29 2004 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR) (SIGNATURE OF DEPT. HEAD)

Date: Approval granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200676

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/30/04

I, CAOL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 2.5 working hours for the calendar period from 3 JAN 2005 to 2 pm - 4:30 pm

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200680

Leave - 3:00

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2-8-05

I, CARL WATANABE apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION or 1.5 working hours for the calendar period from 8 Feb 2005 to

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200681

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/23/05

I, CARL WATANABE (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to SICK (TYPE OF LEAVE) of 1.0 working hours for the calendar period from 23 Feb 2005 to (DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: 2/23/05 Approval (IS) (IS NOT) granted.

lv. 3:30

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200682

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/11/05

I, CARU WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION or 1.0 working hours for the calendar period from 11 MARCH 2005 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200683

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/8/05

I, CAO WATANABE apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION at 1.0 working hours for the calendar period from 8 MARCH 2005 to

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200684

54068

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/5/05

I, CALE WATAMORE apply for a leave of absence as follows:

a. WITH PAY, charged to Admin (Holiday) - 8 VACATIONS - 8 or 16.0 working hours for the calendar period from 15 APRIL 2005 to 18 APRIL 2005

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200685

Doddy

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/12/05

I, CARL WATSON JR (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to SICK (TYPE OF LEAVE) or 1.0 working hours for the calendar period from 12 APRIL 2005 to (DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200686

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/14/05

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION or 1.0 working hours for the calendar period from 14 APRIL 2005 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200687

Leave 3:00pm

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/28/05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to vacation, 1.5 working hours for the calendar period from 29 APRIL 2005 to

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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200688

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 5/3/05

I, CARL WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 8 working hours for the calendar period from 6 MAY 2005 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: 5/3/05 Approval granted.

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

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5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200689

Furner
Leave 2:00

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/23/05

I, CARL WATANABE, apply for a leave of absence as follows:
(PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to VACATION of 25 working hours
(TYPE OF LEAVE)
for the calendar period from 24 June 2005 to _____
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of _____
(TYPE OF LEAVE)*
for the calendar period from _____ to _____
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

A doctor's certificate _____ attached.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF EMPLOYEE)

Date: 6/23/05 Approval is recommended.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF SUPERVISOR)

Date: _____ Approval _____ granted.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY.
DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

<u>LEAVE STATUS OF EMPLOYEE</u>	<u>VACATION</u>	<u>SICK LEAVE</u>
1. Credits accumulated as of Jan. 1, this year	_____	_____
2. PLUS credit earned from Jan. 1 to date	_____	_____
3. Total credits to date	_____	_____
4. LESS leave taken from Jan. 1 to date	_____	_____
5. NET or unused leave credit as of this date	_____	_____
6. Number of days leave taken LAST YEAR	_____	_____

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- FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
- Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200690

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 7/1/05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation or 1.5 working hours for the calendar period from ... to ...

b. WITHOUT PAY, for the purpose of ... for the calendar period from ... to ...

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: ... Approval ... recommended. (IS) (IS NOT)

(SIGNATURE OF SUPERVISOR)

Date: 7/1/05 Approval ... granted. (IS) (IS NOT)

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200691

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 7/7/05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation, 1.0 working hours for the calendar period from 8 Jul 05 to

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 8/5/05

I, CAORI WATANABE (PRINT YOUR NAME CLEARLY) apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION (TYPE OF LEAVE) of 40 working hours for the calendar period from 15 AUG 2005 (DAY) (MONTH) (YEAR) to 22 AUG 2005 (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with 3 columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated as of Jan. 1, PLUS credit earned from Jan. 1 to date, Total credits to date, LESS leave taken from Jan. 1 to date, NET or unused leave credit as of this date, and Number of days leave taken LAST YEAR.

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STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 8/12/05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation or 2.0 working hours for the calendar period from 12 Aug 2005 to :

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR) :

A doctor's certificate (IS) (IS NOT) attached.

Leave @ 2:30

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 9/2/05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation, 3.0 working hours for the calendar period from 2 September 05 to :

b. WITHOUT PAY, for the purpose of : for the calendar period from to :

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR) (SIGNATURE OF DEPT. HEAD)

Date: Approval granted. Leaving at 1:30

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows 1-6 detailing leave credits and usage.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200695

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 9/8/05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 2.0 working hours for the calendar period from 9 September 2005 to

b. WITHOUT PAY, for the purpose of for the calendar period from

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

Leave - 2:30pm

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200696

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10/17/05

I, GARE WATSON, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION 01 1/2 working hours for the calendar period from 7 10 05 to

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, PLUS credit earned from Jan. 1 to date, Total credits to date, LESS leave taken from Jan. 1 to date, NET or unused leave credit as of this date, Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200697

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10/17/05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Sick (TYPE OF LEAVE) for 1.0 working hours for the calendar period from 17 October 2005 to :

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from to :

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200698

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10/12/05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation, 2.5 working hours for the calendar period from 12/10/05 to ...

b. WITHOUT PAY, for the purpose of ... for the calendar period from ...

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: ... Approval ... recommended.

(SIGNATURE OF SUPERVISOR)

Date: ... Approval ... granted.

(SIGNATURE OF DEPT. HEAD)

Leave 2:00

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200699

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10-17-05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation or 8.0 working hours for the calendar period from 21 October 2005 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200700

family funeral

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 11/16/05

I, CARL WATANABE (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation (TYPE OF LEAVE) or 5.0 working hours for the calendar period from 18 Nov 2005 to (DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, PLUS credit earned from Jan. 1 to date, Total credits to date, LESS leave taken from Jan. 1 to date, NET or unused leave credit as of this date, Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200701

Leaving at 3:30

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12-12-05

I, Carl Watanabe apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation or 1.0 working hours for the calendar period from 12 December 2005 to

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200702

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/20/05

I, Carl Watanabe (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation (TYPE OF LEAVE) of 1.5 working hours for the calendar period from 20 12 05 (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200703

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/21/05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 80 working hours for the calendar period from 21 Dec 2005 to ...

b. WITHOUT PAY, for the purpose of ... for the calendar period from ... to ...

A doctor's certificate attached. (IS) (IS NOT)

Signature of Employee

Date: Approval recommended. (IS) (IS NOT) Signature of Supervisor

Date: Approval granted. (IS) (IS NOT) Signature of Dept. Head

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200704

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/15/05

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation, 4.0 working hours for the calendar period from Dec 2005 to

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200705

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/27/05

I, CAPE WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION or 5.0 working hours for the calendar period from 27 December 2005 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200706

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/30/05

I, CAECU WATANABE, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION, 16 working hours for the calendar period from 28 Dec 2005 to 29 Dec 2005

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended. (SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted. (SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200707

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 1/3/06

I, Cary Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 38.5 working hours for the calendar period from 6, 7, 13, 14, 20 Dec 2005 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

6, 7, 13, 14 (8 hrs) 19, 20 (6.5)

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200708

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/14/07

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Sick leave of 20 working hours for the calendar period from 12 Feb 2007 to 14 Feb 2007

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached.

2/12 12/13 8 hrs cont (IS) (IS NOT) 2/14 4 hrs.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200710

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/21/07

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation for 4.0 working hours for the calendar period from 22 February 2007 to 22 February 2007.

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE) for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR).

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200711

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

What does staged
Dec. 6-1 have
to do w/ this
one?

DATE 1/13/06

I, Carl Watanabe apply for a leave of absence as follows:
(PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to Sick of 64 25.50 working hours
(TYPE OF LEAVE) * 64
for the calendar period from 4 Jan 06 to 13 Jan 2006.
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of _____
(TYPE OF LEAVE)*
for the calendar period from _____ to _____.
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

A doctor's certificate _____ attached.

* NOTE: SEE G-1 dated 1/13/06
TAKEN DEC. 2005 - VACATION
LEAVE TOTAL 38.5 hrs.

[Signature]
(SIGNATURE OF EMPLOYEE)

Date: _____ Approval _____ recommended.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF SUPERVISOR)

Date: _____ Approval _____ granted.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY.
DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE	VACATION	SICK LEAVE
1. Credits accumulated as of Jan. 1, this year	_____	_____
2. PLUS credit earned from Jan. 1 to date	_____	_____
3. Total credits to date	_____	_____
4. LESS leave taken from Jan. 1 to date	_____	_____
5. NET or unused leave credit as of this date	_____	_____
6. Number of days leave taken LAST YEAR	_____	_____

INSTRUCTIONS

- This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
- Each department will specify the number of copies to be prepared by its employees.
- One copy of this form will be given to the employee who has taken a leave.
- FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
- Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200713

*DATES TOOK OFF
Jan. 9th - 13, 2006

COPY 5732

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 1/3/06

I, Can Watanabe apply for a leave of absence as follows:
(PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to Vacation of 38.5 working hours
(TYPE OF LEAVE)
for the calendar period from 6, 7, 13, 14, 20 Dec 2005 to _____
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of _____
(TYPE OF LEAVE)
for the calendar period from _____ to _____
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

A doctor's certificate _____ attached.
(IS) (IS NOT)

6, 7, 13, 14 (8 hrs)
19, 20 (6.5)

[Signature]
(SIGNATURE OF EMPLOYEE)

Date: _____ Approval _____ recommended.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF SUPERVISOR)

Date: _____ Approval _____ granted.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY.
DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION SICK LEAVE

1. Credits accumulated as of Jan. 1, this year	_____	_____
2. PLUS credit earned from Jan. 1 to date	_____	_____
3. Total credits to date	_____	_____
4. LESS leave taken from Jan. 1 to date	_____	_____
5. NET or unused leave credit as of this date	_____	_____
6. Number of days leave taken LAST YEAR	_____	_____

INSTRUCTIONS

1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
- Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200714

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 1/19/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 1.0 working hours for the calendar period from 19 January 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

Leave at 3:30

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200715

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 1/20/06

I, Carl Waiwahu, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 25 working hours for the calendar period from 20 Jan 2006 to :

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

Leave @ 2100

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200716

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 1/23/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 4.0 working hours

for the calendar period from 23 Jan 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

Leave 12:30

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200717

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12-15-05

I, Carl Wetanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation for the calendar period from 27 January 2006 to 30 January 2006

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

Trip to Salt Lake City, Utah

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200718

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 1/26/06

I, Carl Watanabe, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to Sick of 16 working hours for the calendar period from 24 Jan 2006 to 25 Jan 2006 (TYPE OF LEAVE)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200719

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/1/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Sick leave of 8 working hours for the calendar period from 31 Jan 06 to :

b. WITHOUT PAY, for the purpose of : for the calendar period from to :

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LBSS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200720

51576

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/2/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Sick of 12.0 working hours for the calendar period from 2 Feb 2006 to 3 Feb 2006.

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR):

A doctor's certificate attached.

4.0 hrs - 2/2 (IS) (IS NOT)
8.0 hrs - 2/3

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200721

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/21/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 1.0 working hours for the calendar period from 21 March 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

[Signature of Employee]

Leave: 3:30 pm

Date: Approval recommended.

[Signature of Supervisor]

Date: Approval granted.

[Signature of Dept. Head]

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200722

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/30/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Sick Leave of 8 working hours for the calendar period from 29 March 2006 to ...

b. WITHOUT PAY, for the purpose of ... for the calendar period from ... to ...

A doctor's certificate attached. (IS) (IS NOT)

Signature of Employee

Date: Approval recommended. (IS) (IS NOT)

Signature of Supervisor

Date: Approval granted. (IS) (IS NOT)

Signature of Dept. Head

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 6 rows and 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200723

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/6/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Sick of 8 working hours for the calendar period from 5 APRIL 2006 to :

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR):

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 6 rows and 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200724

Attached is your Form 7
for 2004 with your leave
balance as of 12/01/04.
Leave taken after that time
is not reflected in the
totals. Please go over it
and verify that the totals
and postings are accurate.
Should you find a
discrepancy, please see me
so that I can make the
necessary corrections. If I
do not hear from you, I
will assume that the totals
are accurate. Thank you!

200725

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 3/20/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to SICK LEAVE of 232.00 working hours for the calendar period from 6 FEBRUARY 2006 to 3 17 2006

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached.

Handwritten calculations: 2/6-28/06 = 128.0 Sick leave, 3/1-17/06 = 104.0 Sick leave, 232.0 Total

Signature of Employee

Date: Approval (IS) (IS NOT) recommended.

Signature of Supervisor and Signature of Dept. Head

Date: Approval (IS) (IS NOT) granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows 1-6 detailing leave credits and usage.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200727

Compliments of **CLARINEX**[®]
(desloratadine) 5mg TABLETS

Certificate to return to work

Name Carl Walerabe

has been under my care from 2/1/06 to 3/19/06

and will be able to return to work on 3/20/06

Nature of illness or injury _____

Restrictions Light Work

Comments _____

Dr. Ronald G. Perry, M.D. Phone () hw

Address 2320 Young Street

Honolulu, HI 96826 Date MAR 17 2006

(808) 946-4541

200728

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/17/06

I, Carl Watanabe, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to Sick of 32 working hours for the calendar period from 10 April 2006 to 13 April 2006

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

Compliments of **CLARINEX**[®]
(desloratadine) 5mg TABLETS

Certificate to return to work

Name Carl Vegetanabe

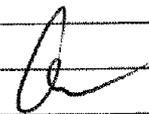
has been under my care from 4/10/06

and will be able to return to work on 4/17/06

Nature of illness or injury 4/14/06

Restrictions Light Work

Comments _____

_____ 

Dr. Ronald G. Perry, M.D. Phone (____) _____

Address 2320 Young Street
Honolulu, HI 96826
(808) 946-4541

Date APR 13 2006

200730

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/28/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 1.0 working hours for the calendar period from 28 April 2006 to :

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from to :

A doctor's certificate attached. (IS) (IS NOT)

leave @ 3:30

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended. (IS) (IS NOT)

(SIGNATURE OF SUPERVISOR)

Date: Approval granted. (IS) (IS NOT)

(SIGNATURE OF DEPT HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200731

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 4/24/06

I, CARL WATANABE (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION (TYPE OF LEAVE) of 8 working hours for the calendar period from 5 MAY 2006 to (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

NOELANI SCHOOL MGY FAIR

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200732

58738

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 5/17/06

I, Carl Watanabe (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to Sick Leave (TYPE OF LEAVE) of 16 working hours for the calendar period from 15 May 2006 to 16 May 2006 (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200733

Compliments of **CLARINEX**[®]
(desloratadine)^{5mg} TABLETS

Certificate to return to work

Name Carl Watsonabe

has been under my care from 5/11/06 to 5/16/06

and will be able to return to work on 5/17/06

Nature of illness or injury (circled)

Restrictions Light Work

Comments _____

Dr. Ronald G. Perry, M.D. Phone (____) AR

Address 2320 Young Street

Honolulu, HI 96826 Date MAY 16 2006

(808) 946-4541

200734

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 5/18/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 2.0 working hours for the calendar period from 19 May 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

Leave 2:30

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200735

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/6/06

I, Carl Watanabe (PRINT YOUR NAME CLEARLY), apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation (TYPE OF LEAVE) of 15 working hours for the calendar period from 06 June 2006 to (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: 6/6/06 Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200736

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/14/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 8 working hours for the calendar period from 13 June 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
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• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200737

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 6/14/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 32 working hours for the calendar period from 6 July 2006 to 11 July 2006

b. WITHOUT PAY, for the purpose of [blank] for the calendar period from [blank] to [blank]

A doctor's certificate attached.

[Signature] (SIGNATURE OF EMPLOYEE)

Date: [blank] Approval [blank] recommended.

[Signature] (SIGNATURE OF SUPERVISOR)

Date: [blank] Approval [blank] granted.

[Signature] (SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200738

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 7/14/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Sick of 8 working hours for the calendar period from 13 July 06 to 13 July 06.

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR).

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR) NB

Date: 7-17-06 Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200739

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 8/21/06

I, Cary Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 8 working hours for the calendar period from 21 August 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

Date: 8-22-06 Approval granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200740

60120

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 8/25/06

I, Carl Watanabe, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to Vacation of 2.0 working hours for the calendar period from 25 August 2006 to ...

b. WITHOUT PAY, for the purpose of ... (TYPE OF LEAVE)* for the calendar period from ... to ...

A doctor's certificate attached. (IS) (IS NOT)

[Signature] (SIGNATURE OF EMPLOYEE)

Leave 2:30

Date: ... Approval (IS) (IS NOT) recommended.

[Signature] (SIGNATURE OF SUPERVISOR)

Date: 8-25-06 Approval (IS) (IS NOT) granted.

[Signature] (SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200741

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 9/8/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 3.0 working hours for the calendar period from 8 Sept. 2006 to 8 Sept. 2006.

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR).

A doctor's certificate attached. (IS) (IS NOT)

Leave = 1.30

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200742

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE Sept. 6, 2006

I, Carl Watanabe, apply for a leave of absence as follows:
(PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to Vacation Leave of 1.75 hrs. working hours
(TYPE OF LEAVE)
for the calendar period from 6 Sept. 2006 to 6 Sept. 2006.
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of _____
(TYPE OF LEAVE)*
for the calendar period from _____ to _____:
(DAY) (MONTH) (YEAR) (DAY) (MONTH) (YEAR)

A doctor's certificate _____ attached.
(IS) (IS NOT)

Care Trouble 1:30-3:15 = 1.75 hrs.

[Signature]
(SIGNATURE OF EMPLOYEE)

Date: _____ Approval _____ recommended.
(IS) (IS NOT)

[Signature]
(SIGNATURE OF SUPERVISOR)

Date: _____ Approval _____ granted.
(IS) (IS NOT)

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY.
DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

1. Credits accumulated as of Jan. 1, this year	_____	_____
2. PLUS credit earned from Jan. 1 to date	_____	_____
3. Total credits to date	_____	_____
4. LESS leave taken from Jan. 1 to date	_____	_____
5. NET or unused leave credit as of this date	_____	_____
6. Number of days leave taken LAST YEAR	_____	_____

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
- Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200743

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10/6/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of .50 working hours for the calendar period from 6 Oct 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: 10/7/06 Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200744

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10/18/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to vacation or 8.0 working hours for the calendar period from 17 Oct 2006 to 17 Oct 2006

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: 10/23/06 Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200745

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 10/27/06

I, Carl Watkinson apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION of 1.5 working hours for the calendar period from 27 October 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

Leave 3:00

(SIGNATURE OF EMPLOYEE)

Date: 10/27/06 Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200746

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 11/1/06

I, Carl Watanabe (PRINT YOUR NAME CLEARLY) apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation (TYPE OF LEAVE) of 16 working hours for the calendar period from 30 Oct 2006 to 31 Oct 2006 (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200747

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 11/13/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to VACATION or 1.0 working hours for the calendar period from 13 Nov 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: 11/14/06 Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200748

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 11/16/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 4.0 working hours for the calendar period from 17 Nov 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(SIGNATURE OF EMPLOYEE)

Date: 11/17/06 Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200749

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 11/21/06

I, Carl Waterhouse, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 8 working hours for the calendar period from 20 Nov 2006 to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

(Signature of Employee)

Date: Approval recommended.

(Signature of Supervisor)

Date: Approval granted.

(Signature of Dept. Head)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows 1-6 detailing leave credits and usage.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200750

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 11/29/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 16 working hours for the calendar period from 28 November 2006 to 29 November 2006.

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) TO (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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2. Each department will specify the number of copies to be prepared by its employees.
3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200751

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/05/06

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation, 5 1/2 working hours for the calendar period from see below to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

12/5/06 - 1.5
12/6/06 - 2.0
12/8/06 - 2.0

Date: 12/09/06 Approval recommended.

(SIGNATURE OF EMPLOYEE)

(SIGNATURE OF SUPERVISOR)

Date: 12/15/06 Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS - Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
5. Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200752

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 12/20/06

I, Carl Watanabe, apply for a leave of absence as follows: (PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to Vacation or 13.5 working hours for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate (IS) (IS NOT) attached.

12/15/06 2.5
12/19/06 F.I.D
12/20/06 1.5
12/22/06 1.5

Date: 12/22/06 Approval (IS) (IS NOT) recommended.

(SIGNATURE OF EMPLOYEE)

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

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LEAVE STATUS OF EMPLOYEE

VACATION SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated as of Jan. 1, PLUS credit earned from Jan. 1 to date, Total credits to date, LESS leave taken from Jan. 1 to date, NET or unused leave credit as of this date, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 7/2/07

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation of 13.75 working hours for the calendar period from See below to

b. WITHOUT PAY, for the purpose of for the calendar period from to

A doctor's certificate attached.

11/24/06 - 8.00
12/15/06 5.75

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)
(SIGNATURE OF DEPT. HEAD)

Date: Approval granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated as of Jan. 1, PLUS credit earned from Jan. 1 to date, Total credits to date, LESS leave taken from Jan. 1 to date, NET or unused leave credit as of this date, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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3. One copy of this form will be given to the employee who has taken a leave.
4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS — Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller.
• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200754

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/14/07

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Sick leave, 20 working hours for the calendar period from 12 Feb 2007 to 14 Feb 2007

b. WITHOUT PAY, for the purpose of ... for the calendar period from ... to ...

A doctor's certificate attached.

2/12 12/13 8 hrs. 2/14 4 hrs.

(SIGNATURE OF EMPLOYEE)

Date: Approval recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

Table with 3 columns: Description, VACATION, SICK LEAVE. Rows include Credits accumulated, PLUS credit earned, Total credits, LESS leave taken, NET or unused leave credit, and Number of days leave taken LAST YEAR.

INSTRUCTIONS

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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200756

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/21/07

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation 4.0 working hours for the calendar period from 22 February 2007 to 22 February 2007.

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR)

A doctor's certificate attached. (IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

INSTRUCTIONS

- 1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
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• Types of leaves — Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200757

Name Carl Watanabe
 Class Registrar, EM05, \$6,575.00

Dept., Br., Sec., Unit Dept. of Land and Natural Resources/Bureau of Conveyances
 Version 6.0 Island & Location O

STATE OF HAWAII - State DPS Form 7, Rev. 6/1/86
 Year 2007

LEAVE RECORD

8	Current - Hourly Rate >>>>					H		V	S	T	I	W			F	C	M	B	A	L	X														
	8 Hrs. Wk.	Less Than 8 Hrs Wk	Over Time Work	Day Off	Holiday	Vac	Sick	Comp. T.O.	Accidental Injury	Worker's Compensation	Funeral	Court	Military	Collect Bagn	Adm T. O.	L.W.O.P.	Standby																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Bal. Fwd.	Vac. Hrs.	Sick Hrs.	CTF	CTZ
Jan	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	Used	1.50	0.00			
Sick	H													H																Earn	14.00	14.00			
Vac	O													O				1.50												Balance	731.00	1800.50	0.00	0.00	
Code	L													L															Leave Hrs Now 720/Over						
Feb	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00		Used	0.00	28.00				
Sick							8.00																							Earn	14.00	14.00			
Vac											8.00	8.00	4.00																	Balance	745.00	1786.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						
Mar	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Used	0.00	0.00			
Sick																														Earn	14.00	14.00			
Vac																														Balance	759.00	1800.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						
Apr	Sun	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	Used	0.00	0.00			
Sick																														Earn	14.00	14.00			
Vac																														Balance	773.00	1814.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						
May	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	Used	0.00	0.00			
Sick																														Earn	14.00	14.00			
Vac																														Balance	787.00	1828.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						
Jun	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Used	0.00	0.00			
Sick																														Earn	14.00	14.00			
Vac																														Balance	801.00	1842.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						
Jul	Sun	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	Used	0.00	0.00			
Sick																														Earn	14.00	14.00			
Vac																														Balance	815.00	1856.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						
Aug	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	Used	0.00	0.00			
Sick																														Earn	14.00	14.00			
Vac																														Balance	829.00	1870.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						
Sep	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	Used	0.00	0.00				
Sick																														Earn	14.00	14.00			
Vac																														Balance	843.00	1884.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						
Oct	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	Used	0.00	0.00			
Sick																														Earn	14.00	14.00			
Vac																														Balance	857.00	1898.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						
Nov	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	Used	0.00	0.00				
Sick																														Earn	14.00	14.00			
Vac																														Balance	871.00	1912.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						
Dec	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	8.00	8.00	Sat	Sun	8.00	8.00	8.00	8.00	Used	0.00	0.00				
Sick																														Earn	14.00	14.00			
Vac																														Balance	885.00	1926.50	0.00	0.00	
Code																													Leave Hrs Now 720/Over						

200758

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/14/07

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Sick leave 01 20 working hours for the calendar period from 12 Feb 2007 to 14 Feb 2007

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from to

A doctor's certificate attached. 2/12, 12/13 8 hrs each 2/14 4 hrs.

Signatures of Employee, Supervisor, and Dept. Head.

Date: Approval recommended. Date: Approval granted.

THE USE OF THIS SECTION IS NOT MANDATORY. DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows 1-6 detailing leave credits and usage.

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• Types of leaves - Such as vacation, sick, maternity, health, military, education, sabbatical, etc.

200759

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE 2/21/07

I, Carl Watanabe, apply for a leave of absence as follows:

a. WITH PAY, charged to Vacation or 4.0 working hours for the calendar period from 02 February 2007 to 22 February 2007.

b. WITHOUT PAY, for the purpose of (TYPE OF LEAVE)* for the calendar period from (DAY) (MONTH) (YEAR) to (DAY) (MONTH) (YEAR).

A doctor's certificate (IS) (IS NOT) attached.

(SIGNATURE OF EMPLOYEE)

Date: Approval (IS) (IS NOT) recommended.

(SIGNATURE OF SUPERVISOR)

Date: Approval (IS) (IS NOT) granted.

(SIGNATURE OF DEPT. HEAD)

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Table with columns: LEAVE STATUS OF EMPLOYEE, VACATION, SICK LEAVE. Rows include: Credits accumulated as of Jan. 1, this year; PLUS credit earned from Jan. 1 to date; Total credits to date; LESS leave taken from Jan. 1 to date; NET or unused leave credit as of this date; Number of days leave taken LAST YEAR.

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200760