


Leave Request Detail For Employee 3030 SUSAN R. SHAFER

**Entered By**   
**Date Requested**    
**Default Daily Hours**   
**From-To Hours**   
**Hours Requested**   
**Request Type** [ 2 ] Overtime at Time & Half   
**Description**

| Available Benefits |         |       |
|--------------------|---------|-------|
| Description        | Amount  |       |
| SICK               | 1057.55 | Hours |
| VACATION           | 534.45  | Hours |
| HOLIDAY            | 16.00   | Hours |
| ADMIN              | 0.00    | Hours |
| COMP TIME          | 0.00    | Hours |
| SICK POOL          | 16.00   | Hours |
| MILITARY           | 0.00    | Hours |
| FAMILY LV          | 0.00    | Hours |
| PERSONAL           | 27.50   | Hours |
| WORKERS CP         | 0.00    | Hours |

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