



REQUEST FOR LEAVE

Employee: _____	Employee #: _____
Department: _____	Anniversary: _____
Start Date of Leave: _____ End Date of Leave: _____	

Leave Type / # of Hours to Charge Leave:

Sick _____ Vacation _____ Comp Time _____ Unpaid _____
(For Sec. 2-28(e)(5)d. Additional Sick Leave Benefit, use Sick Leave Benefit Request form.)

Reason for Leave:

Sick/Doctor’s Visit/Medical Self or Relationship to Employee: _____

Vacation (Must be requested at least ten (10) days in advance per Sec. 2-28(d)(5).)

Personal (If using SL, 16 hours per calendar year allowed. Must have 40 available SL hours.)
Available hours: _____ SL hours requested for personal/non-medical this year: _____

FMLA/Maternity Leave (FMLA paperwork must be submitted with H.R. prior to request.)

Military Leave

Civic Duties (e.g. Jury Duty)

Funeral/Bereavement Relationship to Employee: _____

Leave of Absence (Sec. 2-28(f)- 15 working days and/or 21 calendar days of unpaid leave.)
Requires City Manager’s approval. Please attach reason for request.

Other: _____

Employee Signature _____
Date

I recommend this request be: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		With Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Director/Supervisor Signature	_____ Date	
Reason for disapproval: _____		
_____ City Manager Signature	_____ Date	