

## SPECIAL LEAVE REQUEST FORM

Employee Name: \_\_\_\_\_ Personnel No: \_\_\_\_\_

Employee Address: \_\_\_\_\_

*Documentation that supports the request for special leave should be attached to this form. Use additional paper if necessary.*

### A. General Information

1. Special leave requested for:

Date \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Total hours of special leave requested: \_\_\_\_\_

2. Who did you contact to report your inability to report to work?

Date \_\_\_\_\_ Time \_\_\_\_\_

Name of person contacted \_\_\_\_\_

3. What instruction were you given? \_\_\_\_\_  
\_\_\_\_\_

### B. Flooding/Ice on Roads/Bridges and other access problems:

1. If you could not leave your home because of street/road/bridge problems, list all the roads/streets you could use to access your home. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If applicable, which were impassable and why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If applicable, on what dates and during what times were they impassable?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Damage to your residence:**

1. If you were unable to report to work due to damage to your home **at the address given above**, please detail specifically the damage which occurred. \_\_\_\_\_

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2. How did this damage prevent you from reporting to work? \_\_\_\_\_

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3. Please attach any documents which support your claim. \_\_\_\_\_

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**D. Evacuation from your residence:**

1. What was the cause of the evacuation? \_\_\_\_\_

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2. Date and time of the evacuation? \_\_\_\_\_

3. By whom were you evacuated (law enforcement, civil defense, siren, etc.)? \_\_\_\_\_

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4. Date and time you were allowed to return home? \_\_\_\_\_

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**E. Other:**

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\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Section Head Signature**

\_\_\_\_\_  
**Date**

(Signature by section head does not imply verification of the facts contained in this document.)

\_\_\_\_\_  
**APPROVED:** Appointing Authority

\_\_\_\_\_  
**DISAPPROVED:** Appointing Authority