



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: [] Approved [] Disapproved With Pay: [] Yes [] No
Director/Supervisor Signature _____ Date _____
Reason for disapproval: _____
City Manager Signature _____ Date _____