

## CITY OF HAMPTON STANDARD LEAVE APPLICATION

Employee Name:	Employee Number:	Date of Request:
Department:	Division:	
<input type="checkbox"/> Annual	<input type="checkbox"/> Total Hours	<input type="text"/> Date/Time
<input type="checkbox"/> Sick	<input type="checkbox"/> Total Hours	<input type="text"/> Date/Time
	<input type="checkbox"/> Total Hours Advanced	
<input type="checkbox"/> LWOP (Leave Without Pay)	<input type="checkbox"/> Total Hours	<input type="text"/> Date/Time
<input type="checkbox"/> Family Medical Leave (FML)	<input type="checkbox"/> Total Sick Hours	<input type="text"/> Date/Time
	<input type="checkbox"/> Total Annual Hours	<input type="text"/> Date/Time
	<input type="checkbox"/> Total LWOP Hours	<input type="text"/> Date/Time
<input type="checkbox"/> Compensatory Time	<input type="checkbox"/> Total Hours	<input type="text"/> Date/Time
<input type="checkbox"/> Leave Donation	<input type="checkbox"/> Total Sick Hours	<input type="checkbox"/> Total Annual Hours
<input type="text"/> Recipient	<input type="text"/> Recipient's Dept	
<input type="checkbox"/> Military	<input type="checkbox"/> Birthday	<input type="checkbox"/> Total Hours
<input type="checkbox"/> Education	<input type="checkbox"/> Administrative	
<input type="checkbox"/> Personal		
<input type="checkbox"/> Other <input type="text"/>		
Remarks:		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/> Employee Signature		<input type="text"/> Date
<input type="checkbox"/> Approved		
<input type="checkbox"/> Disapproved (Include Reason Below)		
<input type="text"/> Manager/Supervisor Signature		<input type="text"/> Date