

Employee Leave & Termination Form

Personal Data 1

ID#	Last Name	First Name	Middle Name	Employee ID #
-----	-----------	------------	-------------	---------------

Job Data 1

Effective Date	Action	Reason	Position Number
Department Number	Department Title	Job Code	Job Title

Leave Information:

- Occupational / FMLA
- Occupational / Non-FMLA
- Non-Occupational / FMLA
- Non-Occupational / Non-FMLA
- Disciplinary
- Special Leave
- Military Leave
- Administrative Leave

Date of Injury / Illness

First Day Used Leave

First Day All Pd. Lv. Exhausted

First Day Returned to Payroll
After Leave is Completed

- Inactivate Without Pay Reactivate
- Leave With Pay

Remarks:

Leave Information:

Last Day Worked (or Paid for)

Vacation Hours _____

Sick Leave Hours _____

Overtime Hours _____

Comp. Hours _____

Regular Hours _____

Other Hours _____

Dir / Sup _____	Date _____
Employee _____	Date _____
Dept Head _____	Date _____
Asst City Mgr _____	Date _____
City Mgr / Designee _____	Date _____
Human Resource Rep _____	Date _____

Prepared
By _____

Date _____

Phone _____