

REQUEST FOR PAID LEAVE

EMPLOYEE NAME: _____ DATE: _____

EMPLOYEE NO: _____ DEPARTMENT: _____

TYPE OF LEAVE REQUESTED:

Vacation Sick Compensatory Training – Attach Orders

Bereavement – Relationship to you: _____

Civil – Jury Duty – Attach copy of court request **AND** a copy of Clerk’s Daily Verification

Administrative: _____

See section **500 BENEFITS**, of the Personnel Policies and Procedures Ordinance for definition of each leave.

DATES:

From: _____ To: _____ Date: _____ Hours Used: _____

From: _____ To: _____ Date: _____ Hours Used: _____

From: _____ To: _____ Date: _____ Hours Used: _____

From: _____ To: _____ Date: _____ Hours Used: _____

From: _____ To: _____ Date: _____ Hours Used: _____

I will return to work on: _____. This is a total of _____ leave hours.

As of this date: _____, I have the following number of hours accrued (on the books):

Vacation: _____ Sick: _____ Compensatory: _____

I certify this to be true and correct: _____

Employee Signature

APPROVAL:

APPROVED: _____

Department Head / Supervisor

DATE: _____

NOT APPROVED: _____

Department Head / Supervisor

DATE: _____