



REQUEST FOR LEAVE

Employee: _____	Employee #: _____
Department: _____	Anniversary: _____
Start Date of Leave: _____	End Date of Leave: _____

Leave Type / # of Hours to Charge Leave:

Check here if Worker's Comp

Sick ____ Vacation ____ Comp Time ____ Wellness ____ Unpaid ____

*Regular: 8 hours or
Fire Shift: 12 hours*

Reason for Leave (mark only one):

Sick/Doctor's Visit/Medical Self or Relationship to Employee: _____

If absent for three (3) or more consecutive working days due to illness or the illness of a family member, the department head shall require a doctor's certificate before this leave is approved.

Vacation *(Must be requested at least ten (10) days in advance.)*

Personal *(If using SL, 16 hours per calendar year allowed. Must have 40 available SL hours.)*
Available hours: _____ Sick leave hours requested for personal use this year: _____

Wellness Leave *(Cannot be taken consecutively with other forms of leave.)*

Family Medical Leave *(FMLA paperwork must be approved with H.R. prior to request.)*

Military Leave

Civic Duties *(e.g. Jury Duty)*

Funeral/Bereavement Relationship to Employee: _____

Leave of Absence *(Up to five (5) working days of unpaid leave.)*
Requires City Manager's approval prior to leave. Please attach reason for request.

Employee Signature

Date

I recommend this request be: Approved Disapproved With Pay: Yes No

Director/Designee Signature

Date

Reason for disapproval: _____

City Manager Signature (if applicable)

Date