

Leave Request

Leave Information

Employee Name: _____
Employee Number: _____
Department: _____
Manager: _____

Type of Absence Requested:

- Annual Leave, Sick / Personal, FLMA, **Temp Disability Leave, Military Leave, Court Leave, Leave without pay, *cash out accumulated leave, Bereavement Leave

*refer to your employee Manuel for max accumulation requirements. **attach the City's Temporary Disability leave form

Dates of Absence: From: _____ To: _____

Reason for Absence:
You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.

Employee Signature _____ Date _____

Manager Approval

- Approved, Rejected

Comments:

Manager Signature _____ Date _____