



LEAVE REQUEST FORM

NAME: _____ DEPARTMENT: _____

POSITION: _____

TOTAL
NUMBER OF
HOURS

SICK LEAVE WITH PAY:

FROM: _____ THROUGH: _____

VACATION:

BONUS VACATION: (Police & AFSCME as per CBA)

FROM: _____ THROUGH: _____

LEAVE WITH PAY: (Compensatory Time and/or Birthday)

FROM: _____ THROUGH: _____

DEATH IN IMMEDIATE FAMILY: (Documentation Required)

FROM: _____ THROUGH: _____

LEAVE WITHOUT PAY: Reason:

FROM: _____ THROUGH: _____

Signed: _____
Employee

_____ Date

APPROVED: _____
Department Head (or Mayor for Department Heads)

_____ Date