

Request for Leave of Absence

Revised 7/2012

Name _____ Classification _____
Division _____ Department _____
Union _____ Date of Hire _____ Last Four Digits of SSN _____

I. I request the following type of leave WITHOUT PAY

- Parental Military
 Extension of Present Leave Which Expires _____
 Other- Specify _____

This leave is to be effective from _____, 20____ thru _____, 20____.

II. I request the following type of leave WITH PAY*

- Extension of Sick or Injury Leave (Not Work Related)
 Military

This is a request for an extension of a leave which expires on _____.

This leave is to be effective from _____, 20____ thru _____, 20____.

Date illness or injury began _____.

III. Justification and Signature of Employee

The above-indicated leave is requested for the following reason(s) [Attach any supporting documentation to this request]:

* In the event the above is a request for a leave of absence *with* pay and such request is denied, do you wish to be automatically considered for a leave of absence *without* pay? Yes No

Signature of Employee

Date

IV. To be Completed by Division**

Has the employee used all accumulated paid time as of date of leave? Yes No

Number of accumulated sick days used as of date of leave: _____

Has the employee been granted previous extensions? Yes No

If yes, state total number of CALENDAR days (including all extensions) that were previously granted: _____

Please clarify date(s) and reason(s) for prior usage of sick or injury leave for extended periods of time:

Current status under City's Disciplinary Procedure:

Verbal Written Reprimand Other (Specify) _____

Comments: _____

** Attach a complete attendance usage record/report to this request for the CURRENT and PREVIOUS year.

V. Recommendations of Division and Department

Division Head: I recommend this request for leave be:

Approved With Pay Approved Without Pay Not Approved

Reason(s): _____

Signature of Division Head

Date

Department Head: I recommend this request for leave be:

Approved With Pay Approved Without Pay Not Approved

Reason(s): _____

Signature of Department Head

Date

VI. To be Completed by Department of Human Resources

This request for leave is:

Approved With Pay Approved Without Pay Not Approved

Signature of Director of Human Resources

Date