

Request for leave – With Pay**B-5**

Department: _____

Today's Date: _____

Annual

Sick-Employee

Sick-Child

Sick-Spouse

Other With Pay

Leave From: _____ at _____ AM /PM

Reason: Jury Duty Holiday Comp Time

To: _____ at _____ AM /PM

Workers Comp Other –Explain:

Amounting to: _____ Hours

Employee: _____

Approved

Disapproved

Employee Signature: _____

Department Head Signature

Reason for Denial of Leave:

Leave not requested (5) working days in advance

Scheduling Conflict

Other Explain _____

Make request for annual leave far enough in advance to permit arrangements of vacation schedule (Personnel Ordinance states five working days). If you are absent for any reason other than sick or annual leave, you must state reason. If absent for five (5) consecutive days a note from physician must be attached in order to be granted sick leave. (*) Employee may use sick leave up to five (5) days for a sick child or spouse as approved by the City Manager.

Revised (8/97)

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