



## REQUEST FOR LEAVE OF ABSENCE

<b>Employee Name:</b>	
<b>Employee ID Number:</b>	
<b>Department:</b>	
<b>Leave Start Date:</b>	<b>Leave End Date:</b>

What will your pay status be during this leave of absence?

- Without Pay.  
 With Pay.     Sick Leave     Vacation     Compensatory Time  
 Partially with pay and partially without pay.     Sick Leave     Vacation     Compensatory Time

Are you requesting that you be permitted to take this leave intermittently or reduced schedule?     Yes     No

If yes, please indicate:    Schedule: \_\_\_\_\_  
 Reason: \_\_\_\_\_

**Important Note:** Only certain leaves of absence may be taken intermittently instead of consecutively. In some cases, leave under the Family and Medical Leave Act may be taken intermittently.

### **TYPE OF LEAVE REQUEST:**

- Family and Medical Leave (Supporting documentation - e.g., Certification of Health Care Provider, Military Orders - must be submitted to your department where required)
  - For birth of my child, adoption or placement of a child for foster care.
  - Because my own serious health condition makes me unable to perform the essential functions of my job.
  - To care for my:     spouse,     child, or     parent with a serious health condition.  
 Name: \_\_\_\_\_
  - For serviceman's qualifying exigency leave.
  - Leave to care for injured service member.
  
- Parental Leave such as for Birth or Adoption of Child (Not under the Family and Medical Leave Act)
- Medical or Disability Leave for Self (Not under the Family and Medical Leave Act - Attach medical verification)
- Military Leave (Attach Military Orders or other acceptable documentation)
- Personal Leave without pay
- Other (please specify) \_\_\_\_\_

**Reminder for Employee Requesting Leave:** Have you remembered to attach required medical reports/forms, military orders, or other documentation? If required documentation is not provided, the processing of your leave request may be delayed and/or not processed.

<b>Employee Signature:</b>	<b>Date:</b>
<b>Contact Address:</b>	<b>Phone #</b>

<b>Immediate Supervisor:</b>	<b>Date:</b>
<b>Department Head:</b>	<b>Date:</b>
<b>City Administrator:</b>	<b>Date:</b>

**Please return this form to your immediate supervisor or Department Head.**