



LEAVE REQUEST

NAME: _____ EMPLOYEE #: _____ DATE: _____

PTO
PPTO (PPTO must be apprvd by City Mgr/HR Dir)
DELAYED HOLIDAY
HOLIDAY/BIRTHDAY
MUTUAL AID

LEAVE WITHOUT PAY
SICK
ADMINISTRATIVE
BEREAVEMENT
MILITARY

I DO HEREBY MAKE APPLICATION FOR _____ HOUR(S) LEAVE.

DATE OF BEGIN:
DATE TO END:

TIME:
TIME:

WHILE ON LEAVE I MAY BE REACHED AT THE FOLLOWING:

(FOR ESSENTIAL PERSONNEL ONLY)

AREA CODE: _____ TELEPHONE #: _____

ADDRESS: _____

CITY & STATE: _____

COMMENTS: _____

EMPLOYEE SIGNATURE: _____

APPROVED DATE: _____ DISAPPROVED DATE: _____

LIMITATIONS: _____

IMMEDIATE SUPERVISOR: _____ DATE: _____

2ND LEVEL SUPERVISOR: _____ DATE: _____

DEPARTMENT DIRECTOR: _____ DATE: _____

**IN CASE OF EMERGENCY, THIS LEAVE MAY BE CANCELLED AT THE DIRECTION OF THE CITY MANAGER

(THIS SECTION IS TO BE USED BY MNGMNT/BOOKKEEPING ONLY)

PPTO ___ APPROVED ___ DENIED
CITY MANAGER OR HR DIRECTOR SIGNATURE _____