



## LEAVE REQUEST

**Please attach your Leave Request with the respective timesheet.**

Employee Name:		Department:	
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DATE	# OF HOURS	TYPE OF LEAVE TAKEN	FMLA* (Y or N)

*\*Employees must be approved for FMLA leave before eligible to take it. FMLA hours are tracked and will be monitored for appropriate use. Please contact Human Resources for more information.*

Types of Leave:	
• SICK	• COMP TIME (Fire Only)
• VACATION	• MILITARY LEAVE
• PERSONAL DAY	• JURY DUTY
• HOLIDAY (Fire Only)	• FUNERAL/BEREAVEMENT
• OTHER (Specify)	

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**