

LEAVE OF ABSENCE REQUEST

Date: _____

Employee Name: _____ Employee SSN: _____

Department: _____ Hire Date: _____

Employee statement: (To be completed by the employee)

I, _____, request a Leave of
Absence to begin _____ and to end _____

For the following reason: (Check one)

Personal Medical

Personal Non-Medical

Military

Educational

Other: _____

I have read and understand the information contained in Personnel
Policy 91-6.

Employee Signature

Date

Extension Request:

I, _____, am currently on (check one)

Personal Medical

Personal Non-Medical

Military

Educational

Other: _____

Leave of Absence, which began on _____. I would like
to request an extension to be continued from _____ and
to end on _____.

Employee Signature

Date

Approval:

Recommend Approval
Or disapproval:

Department Head

Date

Approved and/or:
Disapproved

Mayor

Date