

Employee Name								
Department								
Total number of days			Total number (Hourly employee		S			
Beginning at (AM PM) (Use only if not full day)			Ending at (AM (Use only if not fu	I PM)				
Beginning date			Ending date					
	LEAVE	TYPE – PLE	ASE CHECK C	ONE				
Annual/General Leave	,1	Jury Duty			Sick I	Leave <sup>1</sup>		
Comp Time		Bereaveme	ent Leave		Occupational Leave <sup>1</sup>			
Floating Holiday Leave	э	Other - Explain:						
LWOP (City Manager Approval)								
<sup>1</sup> Leave Designation			oply, multiple leav					
FMLA/CFRA – If the leave Coordinator at 866-756-8116 to ap Protected Sick Leave – Up to may only use sick leave for this din-law, sibling, grandchild or grand Occupational Leave (work-re confirmation for appointments sch	oply.  2 accrued anresignation) may parent.  [ated injuries]	nual/general or y qualify for the	sick leave (employe care of self, parent eave applies to acc	es with to the second of the s	ooth anr egistere	nual and sick lea d domestic part	ave accruals ner, parent-	
Employee Signature				 Da	ıte			
Supervisor Signature			Date		_	Approved	Denied	
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Department Head Signature			Date		<u> </u>	Approved	Denied	
City Manager Signature (as required)			Date			Approved	Denied	
COMMENTS:								