

Request for Paid Leave of Absence

◆ Classified Employees ◆

Attach this form to bi-weekly Time and Leave Report.

(Employee ID Number)	(Signature of Employee)	(Date)
Starting _____ (time)	<input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m. (date)	Totalling _____ hours
Ending _____ (time)	<input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m. (date)	_____ days

TYPE OF LEAVE: Check one

- Vacation:** (Please report in .25 hour increments.)
- Compensatory Time Taken:** (Please report in .25 hour increments.)
- Sick Leave:** (Please report in .25 hour increments.)
 - Illness/disability/Medical appointment
 - Illness-Immediate Family (relation): _____
(Employee's: Spouse, minor or dependent children/step children/foster children*, or parent/step-parent* living in the same household.)
 - Death-Family (relation): _____
(Employee's: Spouse, parents/step parents*, grandparents, guardian, children, step-children, grandchildren, brothers, sisters, or wards. Spouse's: Parents or grandparents*)
- * Not in all units.
- Floating Holiday:** This day must be taken during the **fiscal** year in which it is earned—non-cumulative.
- Worker's Compensation:** Use: sick leave vacation leave without pay Date of injury _____
- Family/Medical Leave Act:** Use: sick leave vacation comp time floating holiday leave without pay
- Jury Duty:** Leave shall be granted for service upon a jury. Employees whose scheduled shift is other than a day shift shall be reassigned to a day shift during the period of service upon a jury. When not impaneled for actual service and only on call, the employee shall report to work.
(Attach copy of summons.)
- Military Leave:** Up to 15 days/120 hours per calendar year. **(Attach copy of orders.)**
- Leave without Pay:** Employee's request.

Supervisor's Signature _____ Date _____ Approved Denied

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