



### REQUEST FOR LEAVE

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Balances of Hours before this request:

- Vacation: \_\_\_\_\_
- Personal: \_\_\_\_\_
- Sick: \_\_\_\_\_

**Total** Hours Requested:

- Vacation: \_\_\_\_\_
- Personal: \_\_\_\_\_
- Sick: \_\_\_\_\_

Balances of Hours after this request:

- Vacation: \_\_\_\_\_
- Personal: \_\_\_\_\_
- Sick: \_\_\_\_\_

Type(s), Date(s), and Hours requested:

Vacation		Personal		Sick		OTHER		
Date(s)	Hours	Date(s)	Hours	Date(s)	Hours	Type	Date(s)	Hours

Requested: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Employee

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Department Head

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Mayor (\*when required\*)

**\*\*Submit Signed Original form to Personnel Department\*\***