



Leave Request Form

Employee: _____

Employee Number¹: _____ Employee Position: _____

Department: _____

Supervisor: _____

Start Date	End Date	Total Days	Reason Code

Reason Codes: (circle and enter above)

Vacation Prior Year	PYVac	Compensation Time	Xcomp
Vacation	V40, etc		
Personal	P40, etc	Holiday	YHOL, police
Sick	S40, etc	Holiday Prior Year	PYhol, police
Military Leave 10 day/diff. max.	Maternity/Paternity unpaid	Parental FMLA unpaid or Sick	Civic Firefighter or EMT
Injury (Sick) Leave	Religious Observance unpaid, vac or makeup	Unpaid Leave of Absence	
Jury Duty first 3 days	Bereavement		

Employee
Signature _____ Date _____

Supervisor Signature _____ Date _____

Approved: [] Not Approved: []

Request alternate dates be submitted: []

Please submit to your supervisor at least ten days before requested start date.

¹ Your Employee number is on your paycheck, top left after your name.