

OFFICIAL LEAVE AUTHORIZATION

NAME: _____

DEPARTMENT: _____

DATE(S) LEAVE REQUESTED: _____

TOTAL NO. HOURS REQUESTED: _____

REASON FOR REQUEST:

NO. HOURS:

- ADMINISTRATIVE LEAVE _____
- BEREAVEMENT LEAVE _____
- CONFERENCE _____
- DISABILITY LEAVE _____
- DISCRETIONARY LEAVE _____
- HOLIDAY _____
- JURY DUTY _____
- LEAVE OF ABSENCE W/O PAY _____
- MILITARY LEAVE _____
- PERSONAL DAY _____
- PERSONAL SICK LEAVE _____
- SICKNESS IN FAMILY _____
- TRAINING _____
- VACATION _____
- OTHER _____

APPROVED BY:

Supervisor

Director (If Applicable)

City Administrator (If Applicable)

SUBMISSION DATE:
