

LEAVE REQUEST

(To be used for all leave except medical leave)

TO BE COMPLETED BY EMPLOYEE

NAME _____ REGULAR DAYS OFF _____ SHIFT _____
DEPT/DIV _____ POSITION: _____
I AM REQUESTING: _____ LEAVE BEGINNING AT _____ AM DATE _____
AND ENDING AT _____ PM DATE _____ TOTAL NO# OF HOURS LEAVE _____
EMERGENCY REQUEST YES NO IF EMERGENCY, PLEASE EXPLAIN REASON.

IF AN EMPLOYEE IS REQUESTING ANNUAL LEAVE AND IS SCHEDULED FOR STANDBY ON THE SAME DATE(S) HE/SHE MUST INDICATE IF THEY WILL BE AVAILABLE FOR STANDBY DUTY ON THE REQUESTED DAYS OFF.

YES NO

I WISH TO BE AVAILABLE FOR OVERTIME BASED ON SECTION 22.05D OF THE C.O.V.B./TEAMSTERS CONTRACT.

YES NO

SIGNATURE OF EMPLOYEE

SUPERVISORS INITIALS

DATE

NOTE: SEE APPLICABLE PERSONNEL RULES FOR ALL TYPES OF ABSENCES.

Step 1. Employee should complete and submit this form to schedule leave. Annual Leave should be scheduled a minimum 24 hours in advance with the employee's immediate supervisor or Department Head. Personal Leave can be scheduled on short notice, however, an employee must notify their immediate supervisor, if at all possible, prior to the scheduled reporting time. If this form cannot be completed prior to the absence, it must be completed upon return to work.

Step 2. Employees are responsible for monitoring of their leave accrual and usage. By signing this form, the employee acknowledges verification of sufficient accrued leave for the absence at the time the leave is taken. If said accrued leave time is insufficient for the absence, the employee may be denied leave or charged as absent without leave.

Step 3. Completed forms will substantiate absences noted on payroll.

TO BE COMPLETED BY SUPERVISOR

IS THE ABSENCE DUE TO A SERIOUS ILLNESS OF EMPLOYEE, SPOUSE, PARENT, CHILD OR THE BIRTH/ADOPTION OF A CHILD; MILITARY CAREGIVER LEAVE; OR QUALIFYING EXIGENCY UNDER THE TERMS OF THE FAMILY AND MEDICAL LEAVE ACT.

_____ YES _____ NO

Employee's Initials

IF SO, DATE HUMAN RESOURCES WAS NOTIFIED: _____ DATE: _____

APPROVED DENIED

SUPERVISOR

DATE: _____

MANAGER

DATE: _____

DEPARTMENT HEAD

DATE: _____

REASON FOR DENIAL: _____