



OTHER TIME/LEAVE OF ABSENCE REQUEST FORM

Employee Name:

	Date(s)	Time	Type/Hours Requested
1	From: <input type="text"/>	<input type="checkbox"/> Full Day(s) <input type="checkbox"/> Partial Day From: <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Military Leave (Documentation Required) <input type="checkbox"/> Jury Duty (Documentation Required) <input type="checkbox"/> Election Day (Documentation Required) <input type="checkbox"/> Election Judge (Documentation Required)
	To: <input type="text"/>		
	Reason: <input type="text"/>		Hours Requested: <input type="text"/>

	Date(s)	Time	Type/Hours Requested
2	From: <input type="text"/>	<input type="checkbox"/> Full Day(s) <input type="checkbox"/> Partial Day From: <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Military Leave (Documentation Required) <input type="checkbox"/> Jury Duty (Documentation Required) <input type="checkbox"/> Election Day (Documentation Required) <input type="checkbox"/> Election Judge (Documentation Required)
	To: <input type="text"/>		
	Reason: <input type="text"/>		Hours Requested: <input type="text"/>

Human Resources Approval and Applicable Documentation Required for Leave Types Listed Below

	Date(s)	Time	Type/Hours Requested
1	From: <input type="text"/>	<input type="checkbox"/> Full Day(s) <input type="checkbox"/> Partial Day From: <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Emergency Leave* <input type="checkbox"/> Family & Medical Leave* <input type="checkbox"/> Injury on Duty* (Police Only) <input type="checkbox"/> Funeral Leave
	To: <input type="text"/>		
	Reason: <input type="text"/>		Hours Requested: <input type="text"/>

	Date(s)	Time	Type/Hours Requested
2	From: <input type="text"/>	<input type="checkbox"/> Full Day(s) <input type="checkbox"/> Partial Day From: <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Emergency Leave* <input type="checkbox"/> Family & Medical Leave* <input type="checkbox"/> Injury on Duty* (Police Only) <input type="checkbox"/> Funeral Leave
	To: <input type="text"/>		
	Reason: <input type="text"/>		Hours Requested: <input type="text"/>

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

*Human Resources Signature: _____ Date: _____