



## Department of Planning and Development Paid Leave Request Form

Employee Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

TIME REQUESTED	X	Total # DAYS/HOURS	DATE(S) REQUESTED
Vacation			
Employee Equalization Day (non-union only)			
Sick			
Personal Day			
Bereavement			
Jury Duty			
Comp Time			
Other:			

**MANAGEMENT APPROVAL**

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Division Head approval is required for requests exceeding five (5) consecutive business days.

Division Head: \_\_\_\_\_

Date: \_\_\_\_\_