



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: _____