



Leave Application – Administrative

EMPLOYEE INFORMATION

Employee Name: _____ Today's Date _____

Department: _____ Supervisor: _____

Leave Request Fo: From ____/____/201__ To ____/____/201__ Time: From _____ To _____

Return to Work on: Day _____ Date ____/____/201__ Time _____

Reason for Absence:	MEDICAL ER	JURY DUTY	OTHER (Explain)
VACATION	FUNERAL	FMLA	
SICK	MILITARY	WEATHER	
DOCTOR'S VISIT	IWIF	CAR PROBLEM	

Requests for LEAVE must be received by the HR Director no less than two weeks prior to the first day employee will be absent. Leave requests due to unavoidable circumstances or illness require verbal approval from Department Director per policy, followed by submission of documents justifying the absence on the first day after returning to work.

Employee Signature: _____ Date: _____

Supervisor's Use only (below)

Do you recommend leave? Yes ___ No ___ Date ____/____/201__ Signature _____ Title _____

Employee's Department Director Use only (below)

Do you recommend leave? Yes ___ No ___ Date ____/____/201__ Signature _____ Title _____

Payroll Use only (below)

Fiscal Year: July 1, 201__ to June 30, 201__

Date of Hire Benefits Eligibility Date: Employee Status: Full Time Part Time Part Time

Hours Eligible Hours Accrued Hours Used Hours Eligible per week 40 hours or more 30-39 hours per week. Health benefits only) <30 hours State mandated benefits only

For Current Fiscal Year For Current Fiscal Year For Current Fiscal Year For Current Fiscal Year

TOTAL HOURS USED	QTR1			QTR2			QTR3			QTR4		
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

Comments

Payroll Use Only Forwarded to Executive Office

Payroll Signature / Date

EXECUTIVE APPROVAL OF LEAVE

APPROVED WITH PAY WITHOUT PAY DENIED

Comments

Signature /Date:

Completed Leave application will be returned to HR Folder. Employee and Supervisor will both be notified of leave status.

*ETO is the combined accrued time earned from vacation time and any potential sick time for benefit-eligible employees