

CITY OF SOCORRO

LEAVE REQUEST FORM



Date of Request: _____ Hire Date: _____
 Employee Name: _____ Department: _____
 (Printed First Name & Last Name)

From: _____ Time: _____ To: _____ Time: _____ No. of Hours: _____

TYPE OF LEAVE

(Please Circle)

_____ Sick	Available accrued hours:	Y	N
_____ Vacation	Available accrued hours:	Y	N
_____ Personal	Available day:	Y	N
_____ Unpaid			

OTHER

_____ Administrative Leave With Pay
 _____ Administrative Leave Without Pay
 _____ Bereavement
 _____ FMLA (Family Medical Leave)
 _____ Jury Duty (**attach copy of summons and certification of jury service**)
 _____ Military Leave (**attach copy of Military Order**)
 _____ Training
 _____ Workers' Compensation

_____ Employee Signature	_____ Date	Probationary Period Completed	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Yes</td> <td style="text-align: center; font-size: 8px;">No</td> </tr> </table>			Yes	No
Yes	No						
_____ Supervisor Signature	_____ Date	_____ HR Director Signature	_____ Date				
_____ Approved	_____ Disapproved	Medical Documentation Verified by HR					
		_____ Yes	_____ No				

FOR PAYROLL USE ONLY

Vacation Leave Balance: _____ Sick Leave Balance: _____
 Verified by: _____ Date: _____

Comments: _____

Signature ; _____ Date: _____