



DIRECTIONS: Submit the form to your HR/Client Services Division for processing.

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

EMPLOYEE ID NUMBER: _____ JOB CLASSIFICATION: _____

DEPT./DIVISION: _____ PERSONAL PHONE NUMBER: _____

ADDRESS: _____ PERSONAL EMAIL: _____

REASON: Please specify type of leave - up to 1 year

- Personal Medical (15 calendar days or more)
- Family Illness Caregiver
- Military
- Peace Corp
- Workers' Compensation
- Other (Provide explanation below)

DATE: From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

I am requesting a leave of absence with pay. By my signature, I certify that I intend to return to City service.

SIGNATURE OF APPLICANT: _____ DATE (mm/dd/yyyy): _____

APPROVAL OF SUPERVISOR: _____ DATE (mm/dd/yyyy): _____

APPROVAL OF DEPT. CHIEF: _____ DATE (mm/dd/yyyy): _____

FOR PERSONNEL USE ONLY

- APPROVED
- DENIED

PERIOD REQUEST (DAYS): _____ IF EXTENSION, INCLUSIVE DATES FOR PRIOR LEAVES: _____

NOTES: _____

PSS SIGNATURE: _____