



Request For Leave

This form is to be used to request three or more days of leave and should be returned to Hydee Weis in Human Resources along with appropriate documentation. You will be contacted for further documentation needed and whether your leave qualifies for FMLA.

Employee Name:	Department:
Supervisor:	Typical Work Schedule:
Anticipated Leave Date:	Anticipated Return Date:
Leave is being requested for: <input type="checkbox"/> Self <input type="checkbox"/> Family Member	If Family Member, please state relationship:

Type of Absence:

Type of Absence Requested:

Sick
 Military
 Leave Without Pay*
 Educational Leave*

Jury Duty
 PTO in excess of 10 business days*
 Other _____

(* requires approval of Director of HR and/or City Administrator)

Signature of Employee

Date

Signature of Supervisor

Date

Signature of Department Head

Date

Director of Human Resources (*if required)

Date

Signature of City Administrator (*if required)

Date

Return from Leave

Prior to your return from leave for a serious medical condition, you will need to provide a note from your healthcare provider stating you can return to work and whether or not you have any restrictions. This documentation should be returned to Hydee Weis in Human Resources prior to your return. Human Resources will review your note to determine if your restrictions, or lack thereof, qualify for either "Regular Duty" or "Temporary Modified Duty" and will discuss with your supervisor your return to work status.

To be completed by Human Resources:

Name of Employee: _____

Employee returned to work full-time or part-time status on _____
(date)

With restrictions (attached) Without restrictions

Signature of Human Resources Representative

Date