

APPLICATION FOR LEAVE

(See instructions on reverse side)



Last Name (Print)	First Name	Date
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Beginning of Leave Date _____ Time (if less than one day) _____

End of Leave _____

Unpaid Meal Break must be included & noted as unpaid time off above if 8 or more hours of leave are requested on one day unless waived by Division Head.

Check one: Check this box if employee believes Leave Request qualifies under Family & Medical Leave Act (FMLA). If qualified, additional forms must be completed.

_____ **Sick Leave** (with pay, also complete line below) Sick Leave more than 3 consecutive work days requires a Physician's Statement.

_____ Medical, Dental, or Optical Examination or Treatment

_____ Personal Illness

_____ Personal Injury

_____ Serious Illness or Injury in Immediate Family

_____ Funeral Leave—Death of Immediate Family Member

_____ **Vacation Leave** (with pay)

_____ **Compensatory Time** (with pay)

_____ **Court Leave** (see Personnel Policy Manual—attach Copy of Subpoena or Court Order to appear) Required

_____ **Military Leave** (see Personnel Policy Manual—attach Copy of Orders)

*** SPECIAL APPROVAL IS REQUIRED FOR ANY LEAVE WITHOUT PAY TO BE ISSUED. SEE BELOW.**

_____ **Leave Without Pay** (explain) _____

Total Hours Requested (Paid Leave) _____

Total Hours Requested (Unpaid Leave) _____

Signature of Employee

Physician's Statement

(When sick leave is requested this section is required only following an absence of more than 3 consecutive work days. Use this statement below or attach other written statement from Physician stating justification for leave)

As a duly qualified Practitioner of Medicine I certify that the use of Sick Leave described above is justified, in my opinion. The person involved was under my professional care for the above period, and is medically capable to return to work.

Date

Signature of Physician

Address/ City/ State

Any Leave Requests over 2 weeks of consecutive time off requires the Special Approval Signatures below. Division Head may require special and/or additional approvals at his/her discretion for any reason.

() Approved () Disapproved Immediate Supervisor/Manager _____ Date _____

* **Special Approval**

() Approved () Disapproved Intermediate Supervisor _____ Date _____

() Approved () Disapproved Deputy or Asst. Director/Division Head _____ Date _____

() Approved () Disapproved Executive Director _____ Date _____

MetroParks
Leave Form
Instructions

Sick Leave:

Employees must report by telephone, text or email to his/her immediate supervisor no later than 30 minutes prior to the scheduled reporting time each day of sick leave if the sick leave was not pre-approved. The day the employee returns to work he/she must complete this form and submit it to his/her immediate supervisor.

Vacation/ Comp Time:

Use of vacation leave or compensatory time off requires prior supervisory approval. One week notice should be given prior to the first day of these leaves. If 1 week or more of vacation is requested, a 30 day notice is required.

Leave of Absence:

No request for leave that is more than two consecutive weeks or any leave without pay shall be considered officially and finally approved until it is authorized by the Division Head, the Deputy Director and Executive Director.

Sick leave should show the time and dates for the absence. If you are requesting vacation leave or other scheduled time off, you should show the time and date of the first day of leave as the beginning date, and the time and date of the last day of leave as the ending date.

All Leave requests for paid time off are subject to approval and verification of available time accrued. Approved vacation, comp time and holiday leaves maybe cancelled or postponed by the Executive Director should unexpected Conditions or any emergency occur which dictates the presence of the employee in the opinion of the Executive Director.
