

CITY OF SAINT PETER
REQUEST FOR LEAVE

DATE _____

EMPLOYEE NAME _____ DEPARTMENT _____

- | | |
|--|---|
| ___ VACATION | ___ COMPENSATORY TIME |
| ___ SICK – EMPLOYEE (FMLA over 3 days) | ___ SICK - IMMEDIATE FAMILY (FMLA over 3 days) |
| ___ JURY DUTY | ___ PARENTAL (Unpaid) |
| ___ BEREAVEMENT
(Immediate Family Member Relationship: _____) | ___ INJURED ON DUTY (Workman’s Compensation
Injury Form Must Be Completed) |
| ___ HOLIDAY MAKEUP
(Holiday Missed: _____) | ___ EDUCATION (Attach Copy of Schedule of Events) |
| ___ UNPAID LEAVE OF ABSENCE
(Attach Explanation) | ___ SCHOOL VISITATION (Unpaid) |
| ___ MILITARY LEAVE | ___ VOTING (State & Federal Elections Only) |
| ___ UNAUTHORIZED LEAVE
(Attach Explanation) | ___ UNION DUTIES |
| | ___ OTHER (Attach Explanation) |

EXPLANATION: _____

FOR THE PERIOD _____, _____ THROUGH _____, _____
(Month) (Day) (Year) (Month) (Day) (Year)

IF LEAVE LESS THAN ONE DAY, INDICATE HOURS REQUESTED:

FROM: _____ O’CLOCK TO _____ O’CLOCK

NUMBER OF HOURS REQUESTED _____ HOURS

DATE _____ APPROVED _____ DENIED _____
SUPERINTENDENT SIGNATURE

DATE _____ APPROVED _____ DENIED _____
DIRECTOR SIGNATURE

DATE _____ APPROVED _____ DENIED _____
CITY ADMINISTRATOR SIGNATURE

REASON(S) DENIED: _____

REQUEST FOR LODGING

Event: _____ Travel Distance From St. Peter: _____

Lodging is requested for _____ nights on the following dates: _____

Explanation - if a variance from Personnel Policy, Section XX, Page 35 is requested: _____

DATE _____ APPROVED _____ DENIED _____
DIRECTOR SIGNATURE

DATE _____ APPROVED _____ DENIED _____
CITY ADMINISTRATOR SIGNATURE

REASON(S) DENIED: _____