



# City of Norcross

## Request for Leave – Retain a copy for your records and forward original to Human Resources

### Leave Information

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Department: \_\_\_\_\_

Department Head: \_\_\_\_\_

#### Type of Leave Requested:

<input type="checkbox"/>	Sick	No. of Days _____	<input type="checkbox"/>	Leave of Absence Without Pay	No. of Days _____
<input type="checkbox"/>	Civil	No. of Days _____	<input type="checkbox"/>	Maternity/Paternity	No. of Days _____
<input type="checkbox"/>	Vacation	No. of Days _____	<input type="checkbox"/>	Compensatory	No. of Days _____
<input type="checkbox"/>	Education	No. of Days _____	<input type="checkbox"/>	Family & Medical Leave Act Without Pay	No. of Days _____
<input type="checkbox"/>	Bereavement	No. of Days _____	<input type="checkbox"/>	Disability	No. of Days _____
<input type="checkbox"/>	Administrative	No. of Days _____	<input type="checkbox"/>	Leave Act Without Pay	No. of Days _____
<input type="checkbox"/>	Jury Duty	No. of Days _____	<input type="checkbox"/>	Military	No. of Days _____
<input type="checkbox"/>	Personal Holiday	No. of Days _____	<input type="checkbox"/>	Other	No. of Days _____

Dates of Leave: From: \_\_\_\_\_ To: \_\_\_\_\_

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#### Reason for Leave:

Employee Signature

Date

### Department Head Approval

Approved

Rejected

Comments:

Department Head Signature

Date

**You must submit requests for Vacation, other than sick leave, two weeks prior to the first day you will be off.**