



Request for Leave or Approved Absence

Name (last, first, middle)	Employee Number
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Department

Type of Leave/Absence					Family and Medical Leave		
Check Appropriate boxes below and enter date and time	Date		Time		Total Hours	If general leave or leave without pay will be used under the Family and Medical Leave Act (FMLA, please provide the following information)	
	From	To	From	To			
<input type="checkbox"/>	General Leave					<input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious health condition of spouse, son, daughter or parent <input type="checkbox"/> Serious health condition of self <input type="checkbox"/> Military Caregiver <input type="checkbox"/> Military Exigency	
<input type="checkbox"/>	Comp time off						
<input type="checkbox"/>	Other Paid Absence						
Purpose: <input type="checkbox"/> Illness, Injury, Incapacitation of requesting employee <input type="checkbox"/> Medical, dental, optical examination of requesting employee <input type="checkbox"/> Care of family member or bereavement <input type="checkbox"/> Care of family member with serious health condition <input type="checkbox"/> Personal Leave <input type="checkbox"/> Other, explain in remarks section							Contact your supervisor and/or your human resources department to obtain additional information about your entitlements and responsibilities under FMLA.
<input type="checkbox"/>	Military Leave						
<input type="checkbox"/>	Leave without pay						

Remarks

Certification: I certify that the leave/absence requested above is for the purpose (s) indicated. I understand that I must comply with the City of Georgetown's procedures for requesting leave approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action up to and including termination.

Employee Signature	Date Signed
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Official Action on Request Approved Disapproved (If disapproved, give reason. If general leave, initiate action to reschedule)

Reason for Disapproval

Approving Signature	Date Signed
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Additional Comments