

City of Pass Christian

Request for Leave or Approved Absence

1.Name (last, first, middle initial)		3.Employee or social security number				
2.Department						
4.Type of leave/absence check box(es) below	DATE		TIME		TOTAL HOURS	5.Family and Medical Leave
	From:	To:	From:	To:		
<input type="checkbox"/> Accrued Annual Leave						<p>If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, Please provide the following information:</p> <p><input type="checkbox"/> I hereby invoke my entitlement Family and Medical Leave for:</p> <p><input type="checkbox"/> Birth/Adoption/ Foster Care</p> <p><input type="checkbox"/> Serious health conditions of spouse, son, daughter, or parent</p> <p><input type="checkbox"/> Serious health condition of self</p> <p>Contact Your supervisor for more information regarding your entitlements and responsibilities under the FMLA act of 1993</p>
<input type="checkbox"/> Accrued Sick Leave						
<input type="checkbox"/> Medical/Dental/Optical examination of requesting employee						
<input type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member						
<input type="checkbox"/> Other						
<input type="checkbox"/> Compensatory Time off						
<input type="checkbox"/> Other paid absence (specify in remarks)						
<input type="checkbox"/> Leave without pay						
6.Remarks:						
7.Certification: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purposes indicated. I understand that I must comply with the city's procedures for requesting leave/absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal.						
Employee Signature				DATE:		
8.Official action on request: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)						
Signature:				DATE:		