

City of Kings Mountain Leave Request

Name: _____ Emp.#: _____

Employment Date: _____ Department _____

I hereby request a leave of absence for the period of:

_____ to _____
(Day of the wk -month, day, year) (Day of the wk. -month, day, year)

Example: Tues., 1-23-07 to Fri., 1-26-07; Tues. would be the 1st day of leave and Fri. the last day of leave, returning on Monday.

You will need to do a separate leave request form for each pay period.

Exception: FMLA or extended leave request such as military leave.

- Personal Illness (FMLA) – Medical verification required
- Birth/Child Care (FMLA) – Medical verification required
- Family Illness Leave (FMLA) – Medical verification required
- Adoption/Foster Care Leave (FMLA)
- Leave without pay (Non-FMLA) – Maximum 12 months
- Vacation – Give total hours needed _____.
- Comp Time – Give total hours needed _____.
- Leave – Other _____.

All leaves must be in accordance with the appropriate leave policy that you requested.

For FMLA leave, please read. Your signature below indicates that you have read the following. I understand that I will be required to furnish medical verification for FMLA 30 days in advance for the leave if it is foreseeable. If it is not, I understand that the medical verification is needed within 15 days of this request for leave of absence. It is also my understanding that I will be paid in accordance to the sick pay and/or vacation pay policies during leave. I will be required to pay insurance premiums to continue coverage if my leave time exceeds these pay policies.

_____/_____
Employee Signature Date

_____/_____
Department Head Approval Date

_____/_____
City Manager Approval Date

_____/_____
Human Resources Approval Date