



MUNICIPALITY OF CARLISLE
 760 CENTRAL AVENUE
 CARLISLE, OH 45005

EMPLOYEE LEAVE FORM

EMPLOYEE INFORMATION:

LAST NAME (PLEASE PRINT)	First	M.I.	DEPARTMENT

REQUESTED LEAVE BE APPROVED FOR THE FOLLOWING PERIOD:

START	DATE:	TIME:	# OF HOURS REQUESTED:
END	DATE:	TIME:	

TYPE OF LEAVE REQUEST:

<input type="checkbox"/>	VACATION	
<input type="checkbox"/>	PERSONAL	
<input type="checkbox"/>	FUNERAL	
<input type="checkbox"/>	PERSONAL ILLNESS-TYPE	
<input type="checkbox"/>	ILLNESS IN IMMEDIATE FAMILY-RELATION &TYPE	
<input type="checkbox"/>	INJURY-PLACE & TYPE	
<input type="checkbox"/>	OTHER	
<input type="checkbox"/>	DID YOU SEE A DOCTOR?-NAME & ADDRESS <i>(A doctor's certificate may be required at the discretion of the Department Head for acceptance of this claim.)</i>	

I verify that the above statements are true and accurate and that this claim is made under the provisions of the Personnel Rules and Regulations, and Policy Manual. I understand that any misrepresentation is grounds for disciplinary action, which includes dismissal.

 Signature of Employee

 Date

DEPARTMENT HEAD ACTION:

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved – State reason on back-forward to Manager for final review & determination
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 Department Head Signature

 Date

Form, after approval, should be sent in with the time sheet that covers the day of leave. If the days of leave overlap two periods, attach this form to the time sheet for the first pay period. The reason this form must be attached to your time sheet is so the pay clerk can verify that your claim of leave time on your time sheet was an authorized leave period.