

Leave Request / Time Variance Form

Employee Information

Employee Name: _____

Department: _____

Supervisor: _____

Date Submitted: _____ **Date Received:** _____

Type of Time Off Requested:

- | | | | |
|-----------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Military | <input type="checkbox"/> Funeral | <input type="checkbox"/> Time Off Without Pay* |
| <input type="checkbox"/> Sick | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> FMLA* ++ |
| <input type="checkbox"/> Comp | <input type="checkbox"/> Other* | | |

Dates: **Start:** _____ **to** **End:** _____

Total Number of Hours Requested: _____ **Actual Used:** _____

*Reason for Time Off:

++ Requires completed FMLA request form.

Requests for time off, other than sick leave, must be submitted at least two weeks prior to the first day you will be off, unless otherwise approved by your Department Head.

Employee Signature *Date*

Department Head Approval

- Approved
- Declined

Comments:

Dept. Head Signature *Date*

Village Administrator/Mayor Signature *Date*