CITY OF SPRINGDALE
APPLICATION FOR PAID LEAVE

_____ Vacation _____ Comp Time _____ Sick Leave*
(see Doctor's Certificate below)

_____ Birthday Holiday _____ Floating Holiday

_____ Holiday _____ Funeral Leave*

Employee Derrick Parham

Department Administration Title City Adminstrator

Hereby applies for _____ hours of paid leave

From _____ To _____
Date Date

*Nature of Illness _____

*Relationship _____

Employee's Signature _____ Date _____

Approved _____ Date _____
Department Director

_____ Date _____
City Administrator

DOCTOR'S CERTIFICATE**
(Sick Leave Usage)

Any sick leave over three (3) scheduled work days in length must be substantiated by a doctor's certificate acceptable to the City. The City also reserves the right to require a doctor's certificate for sick leave taken immediately prior to or immediately after a paid holiday or vacation leave. [SCO 32.06(A)]

**Police and Fire personnel covered under a collective bargaining agreement should refer to their respective agreements for Doctor's Certificate requirements.

Rev. 9/30/2020