

City of Maumee - Leave Request

Name _____

Date _____

I hereby request the following leave:

Date(s)	Time		Total Hours	Type of Leave (circle or "X" one type per line)						
	From	To		Comp ¹	Pers	Vac	JD ²	ML ³	FL ⁴	

Employee's Signature _____

Approvals:

Supervisor/Date _____

Division Head/Date _____

Department Head/Date _____

Mayor/Date _____

Comments _____

¹Comp Comptime includes flextime. For employees earning both, all available flextime will be used first unless otherwise noted by employee in comments section.

²JD Jury Duty (Attach copy of summons.)

³ML Military Leave (Attach copy of orders.)

⁴FL Funeral Leave (Indicate relationship to deceased in the comments section. If outside immediate area, provide documentation.)