



Town of Atlantic Beach

LEAVE REQUEST FORM

This form must be utilized for the taking of all leave (vacation, sick, compensatory, court, military, etc...), and must be completed and approved prior to the taking of leave, except in the case of sudden illness. There are no exceptions.

DATE SUBMITTED: _____

NAME: _____

POSITION: _____

DEPARTMENT: _____

TYPE OF LEAVE REQUESTED: _____
(vacation, sick, compensatory, leave without pay)

PERIOD FOR WHICH LEAVE IS REQUESTED: (State # of hours and for which dates - if leave is to be taken during work day, state actual time you will be leaving and/or returning)

By signing below, I certify that the amount of time and type of leave I am asking for has been accrued and is in accordance with the Town's Personnel Resolution. If all leave has been exhausted, I understand this leave must be taken as leave without pay.

EMPLOYEE'S SIGNATURE: _____

APPROVED / DISAPPROVED (circle one)

TOWN MANAGER OR DEPT HEAD: _____

Signature

DATE: _____

REASON FOR DISAPPROVAL: (if applicable) _____

IF APPROVED, THE ORIGINAL GOES BACK TO THE EMPLOYEE AND A COPY STAYS WITH THE TOWN MANAGER/DEPARTMENT HEAD. THE EMPLOYEE IS TO ATTACH THE APPROVED ORIGINAL TO THEIR WEEKLY TIMESHEET. **IF NOT APPROVED**, THEN THE ORIGINAL FORM IS RETURNED TO THE EMPLOYEE WITH AN EXPLANATION.