

## EMPLOYEE LEAVE NOTICE

<b>NAME:</b>			<b>DATE:</b>		
<b>EMPLOYEE NUMBER:</b>		<b>DEPT:</b>		<b>LOCATION CODE:</b>	
The above-named employee _____ <b>WILL BE</b> or _____ <b>WAS</b> absent from _____ through _____ for a total of _____ working hours.					
VACATION*		JURY DUTY		APPROVED LEAVE WITHOUT PAY **	
SICK (EMPLOYEE)		MILITARY-PAID		NON-APPROVED LEAVE WITHOUT PAY **	
SICK (FAMILY)		MILITARY-UNPAID		FMLA (FAMILY/MEDICAL LEAVE, UNPAID) **	
COMP. TIME		BEREAVEMENT		SUSPENSION WITH PAY	
INJURY		WORKER'S COMP.		SUSPENSION WITHOUT PAY **	
<b>Check appropriate option:</b> This absence is/was covered by the Family/Medical Leave Act ___ Yes ___ No					
Documentation related to jury duty, military and bereavement leave must be provided to the Division Manager before any leave is approved.					
SIGNATURE OF EMPLOYEE REQUESTING LEAVE			DEPARTMENT/AVIATION DIRECTOR'S SIGNATURE		
SUPERVISOR/DIVISION MANAGER'S SIGNATURE			HUMAN RESOURCES SIGNATURE**		
<p>* Paid vacation leave <u>may not be used</u> during a new-hire probationary period. (refer to the applicable bargaining agreement or the Human Resources Policies for specific guidelines)</p> <p>** Any unpaid leave must be routed through the Human Resources Department to ensure compliance with the Human Resources Policies.</p>					

**Please use this table if different types of leave are used in the pay period.**

Dates	Number of Hours Off	Type of Leave