

**EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT**

**REQUEST FOR LEAVE – ABSENCE REPORT**

**(Non-Administrative Personnel)**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Total Hours Requested: \_\_\_\_\_ On (date) \_\_\_\_\_ From (time) \_\_\_\_\_ to \_\_\_\_\_

Total Hours Requested: \_\_\_\_\_ On (date) \_\_\_\_\_ From (time) \_\_\_\_\_ to \_\_\_\_\_

.....

**REASON FOR ABSENCE**

- \_\_\_\_ Vacation (VA)
- \_\_\_\_ Sick Leave (SL) (Undocumented)
- \_\_\_\_ Sick Leave (SL) (Documented)
- \_\_\_\_ Dr's Note Provided
- \_\_\_\_ Workers' Comp Leave (WC)
- \_\_\_\_ Maternity Leave (Female only)
- \_\_\_\_ Emergency Leave (EL Circle one: Death in Family or Birth of Child)
- \_\_\_\_ Family/Medical Leave Act (ML)
- \_\_\_\_ Education Leave (ED)
- \_\_\_\_ Floating Holiday (FH)
- \_\_\_\_ Other: (TR Circle one: Union Leave or Training)

\_\_\_\_ "X" one: \_\_\_ Fax \_\_\_ Email \_\_\_ Memo  
Employee Name and Date

\_\_\_\_ Staffing reviewed and approved by DC/LT  
DC/Lieutenant Name and Date

____ Absence Approved	____ Absence Disapproved	____ Unauthorized Absence
____ Staffing reviewed and approved by DC	Entered in computer by: _____	

<i>To be completed by Financial Administrator</i>
Leave Hours Available: _____
Is Employee due compensation for time missed? ___ Yes ___ No
Employee received copy? ___ Yes ___ No
Financial Administrator signature and date: _____