

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

**REQUEST FOR LEAVE – ABSENCE REPORT
(EXEMPT Administrative Personnel)**

Employee Name: _____ Date: _____

Total Hours Requested: _____ On (date/s) _____

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REASON FOR ABSENCE

- | | |
|---|--|
| <input type="checkbox"/> Vacation (VA) | <input type="checkbox"/> Death in Family (EL) |
| <input type="checkbox"/> Sick Leave (SL) (Undocumented) | <input type="checkbox"/> Maternity Leave (female only) |
| <input type="checkbox"/> Sick Leave (SL) (Documented) | <input type="checkbox"/> Family/Medical Leave Act (ML) |
| <input type="checkbox"/> Doctor's Note Provided | <input type="checkbox"/> Education Leave (ED) |
| <input type="checkbox"/> Compensatory time off (CT) | <input type="checkbox"/> Other (TR) |
| <input type="checkbox"/> Workers' Comp Leave (WC) | <input type="checkbox"/> Floating Holiday (FH) |

Employee *signature*

To be completed by Financial Administrator:

Leave Hours Available: _____

Is Employee due compensation for time missed? ___Yes ___No

Employee received copy? ___Yes ___No

Financial Administrator *signature and date*

To be completed by Fire Chief:

Absence Approved: _____ Absence Disapproved: _____ Unauthorized Absence: _____

Fire Chief *signature and date*