

**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 \_\_\_\_\_

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**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)

\_\_\_\_\_  
Employee Name and Date

“X” one:  Fax  Email  Memo

\_\_\_\_\_  
Lieutenant Name and Date

Staffing reviewed and approved by LT

<input type="checkbox"/> Absence Approved	<input type="checkbox"/> Absence Disapproved	<input type="checkbox"/> Unauthorized Absence
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee received copy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Administrator signature and date: _____