

**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**

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

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

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

<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: _____