

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 Circle one: Union Leave or Training)

_____ "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: _____