

Human Resources (401-435-7766) x11020



Request for Leave/Comp Time

CITY OF EAST PROVIDENCE

Department: _____ Date Submitted: _____

Employee Name: _____

I request that the following leave or comp be granted:

Dates/Days of week:	Time To/From (AM/PM)	Amount of Hours/Days	Reason
_____	_____	_____	_____

Reasons:

- Vacation
- Sick Leave with Pay
- Sick Leave without Pay
- Personal Leave
- Floating Holiday
- Bereavement Leave
- Bereavement Leave
- Other Leave with Pay*
- Other Leave without Pay*
- FMLA Sick
- Personal Leave deducted from Sick
- Comp Time Earned
- On the Job Injury
- Military Leave
- FMLA Vacation
- FMLA Comp
- FMLA Personal
- Family Sick

Vacation Balance: _____ Sick Balance _____ Comp time Balance _____

Validation of comp time by Dept Head/Manager _____

Validation of Overtime by Dept Head/Manager _____

*Explain: _____

Employee Signature _____

Division Head approval _____

Department Head approval _____