

**TOWN OF MANCHESTER, CONNECTICUT
REQUEST FOR LEAVE OF ABSENCE**

Instructions: Complete lines indicated. For items in Column I, retain form in Department files only. For items in Column II, forward to Human Resources Department for approval distribution.

Column I

- / / Annual Leave (A&B)
- / / Vacation (A&B)
- / / Earned Day (A&B)
- / / Personal Day (A&B)
- / / Compensatory Time (A&B)
- / / Dr.'s Time (A&B)
- / / Other (A&B) Describe: _____

Column II

- / / Leave Without Pay (all)
- / / Additional Sick Leave (all)
- / / Sick Days (Complete when 3+ sick days occur-Family Medical Leave may apply (all)
- / / Military Leave (all)*
- / / Jury Duty (A&B)
- / / Other (A&B) Describe: _____

A. EMPLOYEE

1. Name _____ Dept. _____
2. Length of Employment: _____ Years _____ Months
3. Date(s) and Amount(s) of Time Requested: _____

4. If requesting ADDITIONAL SICK LEAVE, I understand that I must first use all my accrued sick, vacation, personal and earned days. If requesting FAMILY MEDICAL LEAVE, I understand that: (a) if for my own health, I must first use all my accrued sick days, then paid vacation, personal and earned days will be used; (b) if for health of family member, I must first use all my accrued vacation, personal and earned days.

5. Accrual Balance: For Column I requests, complete only related accrual. For Column II requests, complete all six sections.

Annual Leave	_____ Hrs.	Military Time	_____ Hrs.
Vacation	_____ Hrs.	Sick Time	_____ Hrs.
Earned Time	_____ Hrs.	Personal Time	_____ Hrs.
		Comp. Time	_____ Hrs.

6. Signature of Employee _____ Date _____

- B. DEPARTMENT HEAD** Approved _____ Disapproved _____
*(*If military leave, use federal fiscal year 10/1-9/30. Review to see if employee has already used time and, if so, leave must be charged to other leave.)*

Signature of Department Head _____ Date _____

- C. HUMAN RESOURCES DEPT** Accruals confirmed by: _____ Date _____

- D. GENERAL MANAGER** Approved _____ Disapproved _____

Comments/Other: _____

Signature of General Manager _____ Date _____

- E. HUMAN RESOURCES DEPT** Copy for personnel file; forward original to department.