

CITY OF MONROE PERSONNEL INFORMATION SYSTEM

Application for Leave Request

Department:

Division:

Employee Name:

Employee Number:

I Request	Hours of Leave:	From	<input type="checkbox"/> am	<input type="checkbox"/> pm	/	/
		To	<input type="checkbox"/> am	<input type="checkbox"/> pm	/	/

Absence from duty reason:

- Annual
 FMLA*
 Compensatory
 Authorized Leave Without Pay
 Sick
 Injury
 Medical Other
 Jury Duty(attach subpoena)
 Other-Explain Below

Remarks

Employee's Signature

Date: / /

Approved By

Date: / /

***FAMILY and MEDICAL LEAVE ACT of 1993**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

I hereby invoke my entitlement to family and medical leave for:

- Birth/Adoption/Foster care
 National Guard/Armed Forces FMLA Leave
 Serious medical condition of self
 Serious health condition of spouse, son, daughter, or parent

Medical certification of a serious health condition is required by the City of Monroe