

CITY OF KENTON, OHIO

REQUEST FOR LEAVE OF ABSENCE

(print) LAST FIRST INITIAL DATE

1. \_\_\_\_\_ Medical, Dental or Optical Appointment

2. \_\_\_\_\_ Personal Illness \_\_\_\_\_  
State exact nature of illness

3. \_\_\_\_\_ Personal Injury \_\_\_\_\_  
State exact nature of injury

4. \_\_\_\_\_ Illness in immediate family \_\_\_\_\_  
State nature of illness or injury to family member and

Relationship to family member

a. Briefly state why it was necessary for you to attend to this family member  
\_\_\_\_\_  
\_\_\_\_\_

b. Did you take this family member to a medical practitioner or a hospital? \_\_\_\_\_

5. \_\_\_\_\_ On-the-Job Injury. Check this block if you desire to temporarily use sick leave benefits and plan to file for Workers' Compensation benefits at a later day. Your supervisor will instruct you on how to file for Workers' Compensation.

6. Death in the Family \_\_\_\_\_  
State name and relationship of family member

Date of Death \_\_\_\_\_ Date of Funeral \_\_\_\_\_

7. Number of hours of Sick Leave Requested \_\_\_\_\_

I do hereby certify the statements made herein to be true and factual. I understand that payment for the sick leave requested may be withheld until all information I have stated on this application is verified, and until I have complied with all rules and regulations as stated on this application, and in the City's policy manual. Further, I understand that falsification of this application may constitute fraud and may result in a refund by to the City, and may be cause for discipline, including dismissal.

\_\_\_\_\_  
Signature of Employee

THE CITY OF KENTON, OHIO

REQUEST FOR LEAVE OF ABSENCE

EMPLOYEE NAME \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

Type of Leave Requested:

- Sick Leave
- Funeral Leave
- Court Leave
- Jury Duty
- Vacation
- Compensatory Time
- Family Medical Leave
- Unpaid Leave of Absence
- Military Leave
- Disability Separation
- Holiday
- Personal/Bonus Leave

Reason for Leave: \_\_\_\_\_  
\_\_\_\_\_

(attach a copy of the Subpoena, Court Order, Military Order, Obituary Notice, or Physician's Statement verifying the reason for the requested leave)

Date requested for leave to begin: \_\_\_\_\_

Date requested for leave to end: \_\_\_\_\_

Total Hours of leave: \_\_\_\_\_

Administration Action:

\_\_\_\_\_ Recommended  
\_\_\_\_\_ Not Recommended

\_\_\_\_\_ Approved  
\_\_\_\_\_ Disapproved

\_\_\_\_\_  
Immediate Supervisor/Department Head

\_\_\_\_\_  
Appointing Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date