

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