

EMPLOYEE APPLICATION FOR LEAVE, CITY OF NAPOLEON, OHIO

Leave requested under provisions of: AFSCME Police Fire Personnel Code

Employee #	Employee Name	Department
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<u>Type of Leave:</u>	<u>Hours</u>	<u>Leave Period Dates</u>		<u>Time</u> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
	<u>Requested:</u>	<u>From Date:</u>	<u>Thru Date:</u>		
<input type="checkbox"/> VACATION (V)		/ /	/ /		
<input type="checkbox"/> PERSONAL HOLIDAY (P)		/ /	/ /		
<input type="checkbox"/> COMP TIME (C)		/ /	/ /		
<input type="checkbox"/> HOLIDAY (H) <small>(Designated Holiday)</small>		/ /	/ /		
<input type="checkbox"/> SICK CONVERSION (SC)		/ /	/ /		
<input type="checkbox"/> SICK (S) <input type="checkbox"/> self <input type="checkbox"/> family		/ /	/ /		
<input type="checkbox"/> FMLA <input type="checkbox"/> self <input type="checkbox"/> family		/ /	/ /		
<input type="checkbox"/> BEREAVEMENT (BL).		/ /	/ /		
<input type="checkbox"/> OTHER Non-Paid, etc		/ /	/ /		
<input type="checkbox"/> MILITARY (ML) <small><input type="checkbox"/> Orders Attached</small>		/ /	/ /		

TOTAL HOURS REQUESTED

Employee Signature / /
Date
Comments: _____

All requested leave subject to approval.

Appointing Authority/Department Head / /
Date

Leave Request Approved YES NO Date Locked In: _____
(As Required) / /
Date

If NO list reason: _____

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