

REQUEST FOR ABSENCE WITH LEAVE WITHOUT PAY

CHECK HERE IF THIS IS A RESULT OF A **WORKER'S COMPENSATION CLAIM** *

NAME _____ CLASS _____

DEPARTMENT _____ JURISDICTION _____

I request ABSENCE WITH LEAVE WITHOUT PAY to begin _____

and to extend through _____, for the purpose of _____

and not for the purpose of engaging in other employment outside the classified service; and
with the understanding that failure to return by the end of the leave will be regarded as
resignation.

EMPLOYEE'S SIGNATURE _____

*If this is a result of a worker's compensation claim, please attach a copy of the first report of injury

Recommend (approval) (disapproval)

(Appointing Authority)

(Appointing Authority)

(Appointing Authority)

(Signature of Dept. Head)

APPROVED:

Personnel Director

Remarks