

MOBILE CIVIL SERVICE

Leave Without Pay or Worker's Compensation Leave

NOTICE

This form is required to be submitted to Mobile Civil Service when an employee's leave or cumulative leaves without pay exceed eighty (80) hours within any twelve (12) month period.

LEAVE TYPE (Select One)

☐ Absence with Leave Without Pay☐ Worker's Compensation ClaimName: Classification: Department: Jurisdiction: Leave Begin: Leave End:

Purpose of Leave:

APPOINTING AUTHORITY APPROVAL

Appointing Authority Signature: Date:

MOBILE CIVIL SERVICE APPROVAL

Civil Service Director: Date: