

CITY OF PROVIDENCE – DEPARTMENT OF PERSONNEL
REQUEST FOR LEAVE OF ABSENCE FORM

Employee Name: _____ Employee Number: _____

Job Title: _____ Department: _____ Home # _____ Cell # _____

SECTION A – TO BE COMPLETED BY EMPLOYEE

I am requesting a leave of absence for the following period of time:

DATE LEAVE TO BEGIN: _____

DATE OF LEAVE TO EXPIRE: _____

My reason for requesting the leave is _____

I understand that if I take a position with another employer or become self-employed, I will be terminated automatically.

I wish to use the following during my leave of absence:

A. Sick Time _____ # of Days. **(Prior approval and medical documentation required).**

B. Vacation Time _____ # of Days **(If Available)**

C. Unpaid Leave _____ # of Days

Employee's Signature

Date

SECTION B - APPROVAL – TO BE COMPLETED BY EMPLOYER

Department Director

Date

Director of Personnel

Date