

CITY OF PROVIDENCE - DEPARTMENT OF HUMAN RESOURCES
REQUEST FOR LEAVE OF ABSENCE FORM

Employee Name: _____ Employee Number : _____

Job Title: _____ Department: _____

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 30 # of Days. (Prior approval and medical documentation required).

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

C. Unpaid Leave _____ # of Days

D. Sick Leave Extension _____ (available in 30 day increments)

(1) _____ First 30 days (2) _____ Second 30 days (3) _____ Third 30 days

E. Other Leave (Military, Bereavement, Jury, Personal, etc.) _____

Employee's Signature

Date

SECTION B - APPROVAL - TO BE COMPLETED BY EMPLOYER

Department Director

Date

Director of Human Resources

Date