

**NORTHWESTERN WATER AND SEWER DISTRICT
REQUEST FOR LEAVE**

NAME _____ DEPARTMENT _____ DATE _____

I request leave: Beginning at (time) _____ (date) _____
Ending at (time) _____ (date) _____

Notes:

Total Leave Hours Requested:

_____ SICK LEAVE

Employee Family Member: Relationship _____

FMLA QUALIFYING CONDITION New Event Previously Certified/Approved

Death: Name/Relationship _____ on (date) _____

_____ VACATION

_____ COMPENSATORY TIME

_____ MILITARY LEAVE With Pay Without Pay

_____ COURT LEAVE Summoned for Jury Duty by _____ Court

Subpoenaed by _____ Court

_____ LEAVE WITHOUT PAY

_____ OTHER (explain) _____

I certify that this Request for Leave form contains true and complete information. _____ **Employee's Signature**

ADMINISTRATIVE ACTION:

Pending availability of leave at the actual time leave is taken and subject to contract seniority rules.

Supervisor _____ Date _____ Approved Disapproved

Remarks _____