

Office of Assessor - Request for Leave

EMPLOYEE NAME: _____

DATE(S) OF LEAVE: _____

EMPLOYEE ID #: _____

*TOTAL HOUR(S): _____ DAY(S): _____

DATE OF REQUEST: _____

FROM: _____ a.m./p.m. TO: _____ a.m./p.m.

SUPERVISOR'S NAME: _____

*SHOW ALL TIME IN HOURS + TENTHS ONLY

☐ Floating Holiday (FLH)

☐ Medical/Dental Appt. - Self (SLA)

☐ Workers Comp - Medical Appt. (W57)

☐ Vacation (VAC)

☐ * Sick Leave Combined (Family)

Leave approved is contingent on submission of Work Status Report and allotted travel time.

☐ Mgmt. Paid Leave Used (PLU)

(SFC) Relationship: _____

☐ *Personal Leave (PRL)

Prior Time Taken _____

☐ *** Death/Immediate Family

Prior Time Taken _____

☐ ** Family Medical Leave Act

(BRV) Relationship: _____

☐ Vacation Buy Taken (VBN)

(FMLA) Relationship: _____

☐ Jury Duty (JUR)

☐ Sick Leave - Self (SLS)

Indicate Type of Leave to be Used: _____

☐ (Other) Explain in Comments

COMMENTS: _____

*Limited Amount - See M. O. U.

** Requires HR Approval

*** Limited Amount + Requires Dept. Head/Designee Approval

APPROVED: _____

Supervisor Signature

Date

***APPROVED: _____

Dept. Head/Designee Signature

Date

CONVERSION TABLE

0-3 Min = 0.0 Hr	22-27 Min = 0.4 Hr	46-51 Min = 0.8 Hr
4-9 Min = 0.1 Hr	28-33 Min = 0.5 Hr	52-57 Min = 0.9 Hr
10-15 Min = 0.2 Hr	34-39 Min = 0.6 Hr	58-60 Min = 1.0 Hr
16-21 Min = 0.3 Hr	40-45 Min = 0.7 Hr	

PLEASE ROUND TO NEAREST 10th