

**CITY OF PETALUMA, CA
REQUEST FOR LEAVE**

Name: _____ Classification: _____

Department: _____ Date request submitted: _____

COMPLETE A FORM FOR EACH LEAVE REQUEST

Request time off:

Administrative Leave

Bereavement Leave

CTO (Compensatory Time Off)

FMLA (Family Medical Leave Act)

Jury Leave

Leave of Absence without Pay

Military Leave

Sick Leave

Vacation

Other: _____

From: _____ Thru: _____
Date Time Date Time

Total number of hours, days or shifts requested: _____

Leave balances are provided by payroll after each pay period

Employee Signature: _____ Date _____

Supervisor Action: APPROVE DISAPPROVED

Department Head/Supervisor Signature: _____ Date: _____

City Manager's Approval: (if required): _____ Date: _____

BEREAVEMENT LEAVE: Refer to your MOU or Compensation Plan for a complete list of qualified family members.

FMLA: Pursuant to the Family and Medical Leave Act of 1993, FMLA leave may be granted to an employee who has been employed for at least 12 months by the City of Petaluma and who has provided at least 1,250 hours of service during the 12 months before leave is requested. The leave may be granted for a total of 12 weeks. (See HR, additional documentation is required)

JURY DUTY: Each employee who is summoned to appear as a trial juror shall be entitled to jury duty leave. Employees must submit proof of jury duty service and will be paid the difference between the employee's full salary and any payment received by the courts, except travel costs.

LEAVE WITHOUT PAY: REQUIRES CITY MANAGER'S SIGNATURE. The City Manager may grant a regular or probationary employee leave of absence without pay pursuant to State and Federal Law. Good cause being shown by a written request, the City Manager may extend such leave of absence without pay or seniority or benefits for an additional period not to exceed six (6) months.

MILITARY LEAVE: Leave will be granted in accordance with the provisions of State Law. All employees entitled to military leave shall give the appointing power an opportunity within the limits of military regulations to determine when such leave shall be taken.

SICK LEAVE: When absence is for more than three days duration, the employee may be required to file a physician's certificate with the Human Resources Office stating the cause of the absence.

VACATION: Submit leave request form at least two weeks prior to the time you plan to take vacation. No vacation leave shall be taken or considered authorized until approved by the Department Head/Supervisor or City Manager.

DISTRIBUTION: White/Supervisor

Copy/Employee

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