

**CITY OF CANTON
TIME OFF REQUEST FORM**

EMPLOYEE NAME: _____ **DEPARTMENT:** _____
TODAY'S DATE: _____ **TIME:** _____
Person Receiving Call: _____ **Caller:** _____
Start Date _____ **Start Time:** _____
End Date _____ **End Time:** _____ **Total Hours:** _____

Please note: A REASON (such as "illness - employee" or "doctor appointment - child") for sick leave requests must be provided; if Continuing Disability, FML, Injury Leave or Sick Leave is indicated for longer than three days, supporting documentation must be forwarded to Human Resources in order to be paid; if FML is approved, all paid leave shall be exhausted prior to unpaid leave being granted, pursuant to the Family Medical Leave Act of 1993.

- Absence Without Leave
- Bereavement
- Compensatory Time
- Continuing Disability (To be approved by HR)
- Disciplinary Suspension
- Family Medical Leave (To be approved by HR)
- Injury Leave – Claim Number _____
- Jury Duty
- Military Leave
- Perfect Attendance Holiday
- Other
- Personal Holiday
- Sick Leave
- Trade (Fire Department)
- Union Business
- Unpaid Leave of Absence
- Vacation

- Approved Not Approved
- Occurrence Non-occurrence
- Absence Work
- Personal Medical
- Available for Overtime Not Available for Overtime

*Available for overtime on scheduled days off that are connected to vacation Yes No

Reason for Sick Leave Request: _____

For **Family Medical Leave**, indicate the order to charge paid leave balances (place numbers in boxes). When eligible leave in the first selection is exhausted, selection two will be charged, etc. If no selection is indicated below, eligible balances will be charged in the order they appear.

- Sick Leave
- Personal Holidays
- Perfect Attendance Holidays
- Vacation Time
- Compensatory Time

Employee's Signature

Supervisor's Signature

Department Head

Appointing Authority

Human Resources Comments and Approval: _____