

**TOWN OF MANCHESTER, CONNECTICUT  
REQUEST FOR LEAVE OF ABSENCE**

*Instructions: Complete lines indicated. For items in Column I, retain form in Department files only. For items in Column II, forward to Human Resources Department for approval distribution.*

**Column I**

**Column II**

- |  |   |
|--|---|
| <p><input type="checkbox"/> Annual Leave (A&amp;B)</p> <p><input type="checkbox"/> Vacation (A&amp;B)</p> <p><input type="checkbox"/> Earned Day (A&amp;B)</p> <p><input type="checkbox"/> Personal Day (A&amp;B)</p> <p><input type="checkbox"/> Compensatory Time (A&amp;B)</p> <p><input type="checkbox"/> Dr.'s Time (A&amp;B)</p> <p><input type="checkbox"/> Other (A&amp;B) Describe: _____</p> | <p><input type="checkbox"/> Leave Without Pay (all)</p> <p><input type="checkbox"/> Additional Sick Leave (all)</p> <p><input type="checkbox"/> Sick Days (Complete when 3+ sick days occur-<u>F</u>amily <u>M</u>edical <u>L</u>eave may apply (all)</p> <p><input type="checkbox"/> Military Leave (all)*</p> <p><input type="checkbox"/> Jury Duty (A&amp;B)</p> <p><input type="checkbox"/> Other (A&amp;B) Describe: _____</p> |
|--|---|

**A. EMPLOYEE**

1. Name \_\_\_\_\_ Dept. \_\_\_\_\_
2. Length of Employment: \_\_\_\_\_ Years \_\_\_\_\_ Months
3. Date(s) and Amount(s) of Time Requested: \_\_\_\_\_  
\_\_\_\_\_

4. If requesting ADDITIONAL SICK LEAVE, I understand that I must first use all my accrued sick, vacation, personal and earned days. If requesting FAMILY MEDICAL LEAVE, I understand that: (a) if for my own health, I must first use all my accrued sick days, then paid vacation, personal and earned days will be used; (b) if for health of family member, I must first use all my accrued vacation, personal and earned days.

5. Accrual Balance: For Column I requests, complete only related accrual. For Column II requests, complete all six sections.

Annual Leave _____ Hrs.	Military Time _____ Hrs.
Vacation _____ Hrs.	Sick Time _____ Hrs.
Earned Time _____ Hrs.	Personal Time _____ Hrs.
	Comp. Time _____ Hrs.

6. Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**B. DEPARTMENT HEAD**      Approved \_\_\_\_\_      Disapproved \_\_\_\_\_  
*(\*If military leave, use federal fiscal year 10/1-9/30. Review to see if employee has already used time and, if so, leave must be charged to other leave.)*

Signature of Department Head \_\_\_\_\_ Date \_\_\_\_\_

**C. HUMAN RESOURCES DEPT**      Accruals confirmed by: \_\_\_\_\_ Date \_\_\_\_\_

**D. GENERAL MANAGER**      Approved \_\_\_\_\_      Disapproved \_\_\_\_\_

Comments/Other: \_\_\_\_\_

Signature of General Manager \_\_\_\_\_ Date \_\_\_\_\_

**E. HUMAN RESOURCES DEPT**      Copy for personnel file & employee; forward original to Payroll.