



City of Maumelle

Leave Request

Employee Name: _____ Date: _____

Department/Division: _____

Type of Leave Requested: (check all that apply)

(V)acation (P)ersonal Leave (C)omp Leave (S)ick Leave¹
 (M)ilitary Leave² Court/(J)ury Duty³ (B)ereavement⁴ (W)ithout Pay⁵
 Other (Please specify): _____

***If any leave is subject to FMLA, Human Resources must be notified.
Please review Employee Handbook or FMLA poster for eligibility and responsibilities.***

DATE(S): _____ HOURS REQUESTED: _____ LEAVE TYPE: _____

Note: Leave will be reduced in 15 minute increments (0.25, 0.50, 0.75)

Total Work Hours Requested: _____

Employee Signature _____ Date _____

Approved Denied

Supervisor Signature _____ Date _____

1. Attach Doctor's Note or other form of verification
2. Attach Military Orders or Reference Annual Notice
3. Attach Summons/Subpoena
4. Please indicate relation to family member or other form of verification
5. Attach Disciplinary Action or Indicate Reason

Original of this form must be attached to the employee's time sheet.