

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

Instructions: 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

Annual Leave (A&B)

Vacation (A&B)

Earned Day (A&B)

Personal Day (A&B)

Compensatory Time (A&B)

Dr.'s Time (A&B)

Other (A&B) Describe: _____

Leave Without Pay (all)

Additional Sick Leave (all)

Sick Leave when 3+ sick days occur -
Family Medical Leave may apply (all)

Annual Leave for care of family member -
Family Medical Leave may apply (all)

Military Leave (all)*

Jury Duty (A&B)

Other (A&B) Describe: _____

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, annual leave/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 annual leave/vacation, personal and earned days will be used; (b) if for health of family member, I may only use my accrued annual leave/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 calendar year per CGS Sec. 7-461 1/1-12/31. Review to see if employee has already used time and, if so, leave MLWOP or use other accrued time.)*

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 _____