CITY OF FRANKLIN
APPLICATION FOR LEAVE

THIS FORM MUST BE USED FOR ALL ABSENCES!

DATE: _____   DEPARTMENT: _____

I, _____ , request _____ hours

commencing _____ _____ and ending _____ _____
           TIME   DATE   TIME   DATE

NO. OF HOURS	DESCRIPTION	NO. OF HOURS	DESCRIPTION
	VACATION		EMERGENCY FAMILY LEAVE
	MILITARY		FAMILY MEDICAL LEAVE ACT
	PAID LEAVE OF ABSENCE		* SICK- SELF/FAMILY MEMBER
	NON-PAY STATUS		DR.'S APPOINTMENT
	NON-PAY STATUS		BEREAVEMENT
	JURY DUTY		INJURY- WORK RELATED
	OTHER		COMP TIME USED

REASON FOR REQUEST :

_____

    * NOTE: A doctor's statement is required for sick leaves exceeding three (3) days.

SIGNED   APPROVED BY
                                                DATE SIGNED
_____   _____
        EMPLOYEE   DEPARTMENT HEAD

SIGNED/DATE _____
        CITY MANAGER, IF APPLICABLE

    NOTE: If time requested is in excess of one pay period, a *separate request* must be made out.