

CHICAGO PARK DISTRICT

LEAVE REQUEST FORM

Date: _____ Employee Number: _____

Employee's Name: _____ Dept./Region: _____

Job Title: _____ Work Location: _____

REASON FOR LEAVE

☐

Vacation

☐

Funeral Leave

☐

FMLA ** (HR Dept. Approval Required)

☐

Compensatory Leave

☐

Court Leave

☐

Leave Without Pay** (HR Dept. Approval Required)

☐

Personal Day

☐

Military Leave

☐

Administrative Leave** (HR Dept. Approval Required)

☐

Sick Leave

☐

Floating Holiday

☐

Other** (HR Dept. Approval Required)

Explanation, if necessary: _____

EMPLOYEE SIGNATURE _____

LEAVE REQUESTED:

From: Date _____ Time _____ A.M./P.M. Number of Hours on Leave _____

To: Date _____ Time _____ A.M./P.M. Number of Days on Leave _____

I recommend that this leave be approved: ☐ with pay; I have verified that the above benefit time is available
☐ without pay.

Time Balance Confirmed by _____ Date _____

Supervisor's Signature _____ Date _____

Department/ Manager Signature _____ Date _____

☐

LEAVE REQUEST DENIED _____ Date _____

Signature

*FOR ADMINISTRATIVE LEAVE REQUESTS

General Superintendent and CEO

Date

Only the General Superintendent is authorized to grant Administrative Leave Requests.

****SOME LEAVES ARE SUBJECT TO APPROVAL PENDING THE RETURN OF UNIFORMS, KEYS, PHONES, AND OTHER PARK DISTRICT PROPERTY ISSUED TO YOU.**