

# Request for Paid Leave of Absence

◆ MAPE Employees ◆

Attach this form to bi-weekly Time and Leave Report.

_____ (Employee ID Number)	_____ (Signature of Employee)	_____ (Date)
Starting _____ (time)	<input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m. _____ (date)	Totalling _____ hours
Ending _____ (time)	<input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m. _____ (date)	_____ days

**TYPE OF LEAVE: Check one**

- Vacation:** (Shall not be granted for less than one-half hour increments.)
- Compensatory Time Taken:** (Please report in .25 hour increments)
- Sick Leave:** (Please report in .25 hour increments)
  - Illness/disability/Medical appointment
  - Illness-Immediate Family (relation): \_\_\_\_\_  
(Employee's: Spouse, minor or dependent children/step children/foster children\*, or parent/step-parent\* living in the same household.)
  - Death-Family (relation): \_\_\_\_\_  
(Employee's: Spouse, parents/step parents\*, grandparents, guardian, children, step-children, grandchildren, brothers, sisters, or wards. Spouse's: Parents or grandparents\*)

\* Not in all units.

- Floating Holiday:** This day must be taken during the **fiscal** year in which it is earned—non-cumulative.
- Worker's Compensation:** Use:  sick leave  vacation  leave without pay Date of injury \_\_\_\_\_
- Family/Medical Leave Act:** Use:  sick leave  vacation  comp time  floating holiday  leave without pay
- Jury Duty:** Leave shall be granted for service upon a jury. Employees whose scheduled shift is other than a day shift shall be reassigned to a day shift during the period of service upon a jury. When not impaneled for actual service and only on call, the employee shall report to work.  
**(Attach copy of summons.)**
- Military Leave:** Up to 15 days/120 hours per calendar year. **(Attach copy of orders.)**
- Leave without Pay:** Employee's request.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  Approved  Denied

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