

**City and Borough of Sitka  
Application for Leave**

**Name:**

**Date:**

**Address while Absent:**

**Department:**

Time	Month	Day	Year	Hour	Total
Beginning					Days
Ending					Hours
Class of Leave				Comments	
Annual (Vacation)		FMLA (approved)		Relationship	
Floating Holiday		Worker's Comp			
Sick		LWOP (approved)			
Family Sick (Not FMLA)		Jury Duty			
Emergency Leave		Other			

Signature of (Employee) \_\_\_\_\_ Date \_\_\_\_\_

Approved by (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

Administrator approval is required for probationary employee vacation and department head leave only:

Approved by (Administrator) \_\_\_\_\_ Date \_\_\_\_\_

Explanation:

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