

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

Name:

Date:

Address while Absent:

Department:

| Time | Month | Day | Year | Hour | Total |
|------------------------------------------------------|-------|-------------|------|------|---------------|
| Beginning | | | | | Days |
| Ending | | | | | Hours |
| Return to Duty | | | | | |
| Class of Leave | | | | | Comments |
| Vacation | | Family Sick | | | |
| Sick | | LWOP | | | |
| Floater | | Other | | | |
| Emergency Leave | | | | | |
| (Explanation and Approval by Administrator Required) | | | | | Relationship? |

Signature of (Employee) _____ Date _____

Recommended by (Supervisor) _____ Date _____

Approved by (Administrator) _____ Date _____

Explanation:

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

Name:

Date:

Address while Absent:

Department:

| Time | Month | Day | Year | Hour | Total |
|------------------------------------------------------|-------|-------------|------|------|---------------|
| Beginning | | | | | Days |
| Ending | | | | | Hours |
| Return to Duty | | | | | |
| Class of Leave | | | | | Comments |
| Vacation | | Family Sick | | | |
| Sick | | LWOP | | | |
| Floater | | Other | | | |
| Emergency Leave | | | | | |
| (Explanation and Approval by Administrator Required) | | | | | Relationship? |

Signature of (Employee) _____ Date _____

Recommended by (Supervisor) _____ Date _____

Approved by (Administrator) _____ Date _____

Explanation: