City and Borough of Sitka Application for Leave

	•	Аррисаці	on for Leav	e e		
Name:			Date:			
Address while Absent:			Departme	ent:		
Time	Month	Day	Year	Hour	Total	
Beginning					Days	
Ending					Hours	
Return to Duty						
Class of Leave				Comments		
Vacation	Family Sick					
Sick	LWOP					
Floaters	Other			Relationship?		
Emergency Leave						
(Explanation and Approval by	Administrator Required)	•				
Signature of (Employee)				Date		
				·		
Recommended by (Supervisor)				Date		
Approved by (Administrator)				Date		
Explanation:						
Explanation.						
	Cit	y and Bo	rough of Si on for Leav	itka e		
Name:	•	пррпоин	Date:			
Address while Absent:			Departme	ant:		
	Month	Dov			Total	
Time	WOTH	Day	Year	Hour	Total	
Beginning					Days	
Ending					Hours	
Return to Duty						
Class of Leave				Comments		
Vacation	Family Sick		 			
Sick	LWOP					
Floaters	Other			Relationship?		

Date

Date

Date

Explanation:

Emergency Leave

Signature of (Employee)

Recommended by (Supervisor)

Approved by (Administrator)

(Explanation and Approval by Administrator Required)