

**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					Comment:
Annual (Vacation)		Worker's Comp			
Floating Holiday		Emergency Leave			
Sick		LWOP (approved)			
Family Sick (Not FMLA)		Jury Duty/Witness*			
FMLA Approved		Other			

*Note – Employees are paid full wages while serving jury duty and subpoenaed as a witness in cases involving CBS. **When checks are received for Jury duty and witness fees, endorse the back of the check to CBS and deliver to finance department.**

Employees who are subpoenaed or asked to appear as witnesses for unrelated CBS business uses annual or floating holiday and retains the check issued for witness fees.

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:

Any questions? Contract Lindsey Vilandre, Payroll Specialist – lindsey.vilandre@cityofsitka.org or 747-1825.