



**CITY OF TAVARES  
REQUEST FOR LEAVE**

**INSTRUCTIONS:** This request is for use with an absence of any type, and must be approved by your supervisor or department head signature below. The original request for leave form is submitted with your timesheet or exception report for the pay period that corresponds with the dates of absence.

- Sick leave of more than three (3) consecutive days must be substantiated by a completed physician's certification form. This form is available in Human Resources.
- A Department Head may require written treatment verification and/or fitness for duty certification by a physician for any absence due to illness.
- Vacation leave must be requested and approved by the Department Head three (3) weeks before leave begins.

Day	Date	Time of Absence		Number of Hours
		From	To	
<b>Sick</b>				
<b>Vacation</b>				
<b>Comp Time</b>				
<b>Personal Day</b>				
<b>Other</b>				
<b>Explanation:</b>				

\_\_\_\_\_  
Employee Name (please print)                      Employee Signature                      Date

\_\_\_\_\_  
Approved by: (please print)                      Approval Signature                      Date