

CITY OF SARATOGA SPRINGS
Leave Request Form

To:
RE: REQUEST for LEAVE

From:

Date:

I, _____, REQUEST THE FOLLOWING LEAVE TIME

	DATE/TIME	TOTAL HOURS
VACATION DAY:	_____	_____
PERSONAL DAY:	_____	_____
SICK DAY:	_____	_____
BEREAVEMENT LEAVE:	_____	_____
UNPAID LEAVE:	_____	_____
COMPENSATORY TIME USED:	_____	_____
OTHER: Please Specify (Ex. Jury Duty, Conferences, Cancer Screening, Union Matters, etc.)	_____	_____

X _____
Employee Signature Date

Approved

Disapproved / Reason: _____

X _____
Deputy Commissioner/Delegate in Absence Date

**** Per union contract, extended vacation MUST be requested no later than February 28 each year. All other requests must be received by your Deputy Commissioner at least ONE WEEK prior to start of request, and will be subject to adequate staffing levels as determined by your Deputy Commissioner. All requests MUST use this form. You will receive an answer, in writing, within one business day.****