TOWN OF DAVIE

LEAVE REQUEST FORM

EMPLOYEE NAME: _____ **DATE SUBMITTED:** _____
First Middle Last

TOWN OF DAVIE EMPLOYEE I.D. NUMBER: _____ **Department:** _____

PAYROLL CLASSIFICATION: _____ **UNION:** ☐ **YES** ☐ **NO - UNION NAME:** _____

WHEN AN EMPLOYEE'S ABSENCE IS FOR PERSONAL OR FAMILY MEDICAL REASONS OR FOR A WORK RELATED INJURY AND WHETHER UNPAID OR PAID LEAVE (ACCRUED SICK LEAVE, VACATION OR DONATED LEAVE) TIME IS USED AND THE LEAVE EXCEEDS THREE (3) DAYS, **ALL** TIME MISSED FOR THAT MEDICAL REASON SHALL BE DESIGNATED AS FAMILY MEDICAL LEAVE (FMLA) AND THE EMPLOYEE **MUST** PROVIDE THEIR DEPARTMENT DIRECTOR OR DESIGNEE WITH THE TOWN OF DAVIE APPROVED PHYSICIANS CERTIFICATION OF A SERIOUS MEDICAL CONDITION FORM.

*ALL NON-EMERGENCY (SICK OR VACTION) LEAVE **MUST** BE PRE-APPROVED BY THE DEPARTMENT DIRECTOR OR DESIGNEE, BEFORE LEAVE COMMENCES.*

Reason for Requesting Leave: _____

TYPE LEAVE

☐ **V**ACATION: IS THIS MEDICAL/FAMILY MEDICAL LEAVE (**FMLA**)? ☐ YES ☐ NO

☐ **S**ICK: IS THIS MEDICAL/FAMILY MEDICAL LEAVE (**FML**A)? ☐ YES ☐ NO - ☐ *Donated Leave ?*

☐ **W**ORKER'S **C**OMPENSATION (THIS IS FMLA IF IT EXCEEDS 3 DAYS).

☐ **O**THER (I.E. ☐ EXEC. LEAVE ☐ BEREAVEMENT, ETC.) _____

Starting Date: _____ -_____ **Return Date:** _____-_____ **Total # Hours**: _____ **Total # Days:** _____
DATE TIME DATE TIME

LIST ALL REQUESTED DATES: _____

EMPLOYEE SIGNATURE: _____

DEPARTMENT DIRECTOR / DESIGNEE (PRINT) : _____

SIGNATURE: _____ **Approved ? :** ☐ **YES** ☐ **NO** **DATE**: _____

***LEAVE REQUESTS ARE NOT APPROVED UNTIL DEPARTMENT DIRECTOR OR DESIGNEE HAS SIGNED THE REQUEST**

The Department Director/or Designee is responsible for completion and submission of this form for any employee that is physically unable to do so.

- **Payroll** - Send a corrected copy to Originating Department when discrepancies are noted.
- **Department** - Timekeeper **must verify** that employees requested hours are available _____
Initials

Distribution: *Payroll (original)* - *Human Resources* **(Only When Leave is for FMLA Medical Reasons)** - *Employee's Department* - *Employee*