



CITY OF PROVIDENCE  
Jorge D. Elorza, Mayor

### LEAVE OF ABSENCE REQUEST

SECTION A – TO BE COMPLETED BY EMPLOYEE

Employee Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

I am requesting a Leave of Absence for the following period of time:

DATE LEAVE TO BEGIN: \_\_\_\_\_

DATE OF LEAVE TO EXPIRE: \_\_\_\_\_

Reason for requesting the leave is:

**Please note: Utilizing your sick time while on a medical leave is mandatory. Once your sick time is exhausted, how would you like to be paid? (This decision is ultimately up to your Director)**

A. Vacation Time/Floating Holiday Time

B. Unpaid Leave

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

SECTION B - APPROVAL – TO BE COMPLETED BY EMPLOYER

\_\_\_\_\_  
Department Director

(Please print & sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date

**Time to be used once the employee exhausts their sick time:**

A. Vacation/Floating Holiday Time

B. Unpaid Leave

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25 Dorrance Street | Room 401 | Providence, Rhode Island 02903 | 401.421.7740 OFFICE | 401.273.9510 FAX

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