



CITY OF PROVIDENCE

Jorge O. 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:

REQUESTED LEAVE START DATE: _____

REQUESTED LEAVE EXPIRATION DATE: _____

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 - RECOMMENDATION – TO BE COMPLETED BY EMPLOYER

Recommend Approval: ____ **Recommend Denial:** ____

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

A. Vacation/Floating Holiday Time

B. Unpaid Leave

Department Director (Please print & sign) Date

Chief Human Resources Officer Date

CITY OF PROVIDENCE – DEPARTMENT OF HUMAN RESOURCES
DEPARTMENT REPORT ON EMPLOYEE REQUESTING A LEAVE OF ABSENCE

Name: _____

Job Title: _____

Date of Hire: _____

Of prior leaves of absence: _____

Is the employee in good standing in the department? PLEASE EXPLAIN:

Does the employee have a good attendance record? Have any attendance problems been documented? Has the employee received discipline in writing? PLEASE EXPLAIN:

Are you in favor of granting the full amount of leave the employee has requested? If not, are you in favor of granting a leave of any length? PLEASE EXPLAIN why you are or are not in favor of granting the request:

Department Director

Date