

CITY OF SALEM

Massachusetts

APPLICATION FOR LEAVE

EMPLOYEE _____ EMPLOYEE NUMBER _____

DEPARTMENT _____ DATE SUBMITTED _____

LEAVE TIME REQUESTED

_____ VACATION

_____ FUNERAL LEAVE

_____ SICK LEAVE

_____ WORKMAN'S COMPENSATION

_____ PERSONAL LEAVE

_____ EMERGENCY LEAVE

_____ WITHOUT PAY

_____ OTHER _____

TOTAL NUMBER OF DAYS REQUESTED: _____

DATES: From _____

To: _____ (Inclusive).

REQUESTED BY: _____

Employee Signature

APPROVED BY: _____

Supervisory/Department Head