

**EXTENDED LEAVE REQUEST
REQUEST TO USE EXTENDED LEAVE**

I hereby request approval to use _____ hours from my extended leave bank due to the following circumstances.

Employee Signature
 Approved Denied (*)

Date

Department Head Signature

Date

REQUEST TO DONATE EXTENDED LEAVE

I hereby request that _____ hours from my extended leave bank be donated to:

_____ (Employee) _____ (Department)

Employee Signature
 Approved Denied (*)

Date
 Approved Denied (*)

Department Head of Donating Employee

Department Head of Receiving Employee

**CITY MANAGER APPROVAL
(Required for ALL Requests)**

Approved Denied (*)

City Manager Signature

Date

HUMAN RESOURCES USE ONLY

Extended Leave Hours Available _____
Hours Transferred For Use _____
Hours Donated _____
Extended Leave Hours Balance _____

Processed By _____

(*) If you are denying use of or donation from an employee's extended leave bank, you must attach an explanation of your reason(s) for denial.