Maplewood Parks & Recreation Department

Time Off & Leave Request Form

Submit to your supervisor at least 5 business days in advance for planned leave. Emergency leave should be reported as soon as practicable.

Employee Information

Employee Name: _____ Employee ID: _____

Department: _____ Supervisor: _____

Date of Request: _____ Phone/Email: _____

Leave Details

First Day of Leave: _____ Last Day of Leave: _____

Total Days Requested: _____ Return to Work Date: _____

Type of Leave

Leave Type	Select	Leave Type	Select
Vacation / PTO	[ ]	FMLA	[ ]
Sick Leave	[ ]	Parental Leave	[ ]
Bereavement	[ ]	Military Leave	[ ]
Jury Duty	[ ]	Unpaid Leave	[ ]
Other (specify below)	[ ]		

If Other, describe:

_____

Leave Balances (to be completed by HR)

Vacation Balance	Sick Balance	Other Balance	Balance After Request
_____ hrs	_____ hrs	_____ hrs	_____ hrs

Coverage Plan

Employee's plan for coverage during absence: _____

_____

Employee Signature: _____ Date: _____

Supervisor: [ ] Approved [ ] Denied Signature: _____ Date: _____

HR Approval (if required): Signature: _____ Date: _____