



# HUMAN RESOURCES

## LEAVE OF ABSENCE REQUEST FORM

Employee Name \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_  
 (Optional)

Division/Section Name and Number \_\_\_\_\_

Dates of Time Off Request	Start Date	End Date
<b><u>Type of Leave (See reverse)</u></b>	<b><u>Quantity</u></b>	
_____	_____	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days
_____	_____	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days
_____	_____	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days
_____	_____	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days
_____	_____	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days

**Family Member Sick Leave (See reverse)**  
 Name of Family Member \_\_\_\_\_ Relationship: \_\_\_\_\_

**Bereavement Leave (See reverse)**  
 Relation of Family Member \_\_\_\_\_ Date of Death \_\_\_\_\_

**If "other" for relation of family member, please explain how relationship or association is equivalent to that of a family member.**

\_\_\_\_\_

\_\_\_\_\_

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

**Approval Signatures**

Leave without pay may be approved in any increment up to a total of twelve (12) months depending on business needs. The employee will return to his/her same or equivalent position and the same level of pay prior to the leave. If you are denying the extended leave request, then mark such and complete the reason. The reason will be shared with the employee and kept on file.

Supervisor \_\_\_\_\_  Approved  Denied – Reason: \_\_\_\_\_

Section Head \_\_\_\_\_  Approved  Denied – Reason: \_\_\_\_\_

Division Director \_\_\_\_\_  Approved  Denied – Reason: \_\_\_\_\_

Deputy City Manager \_\_\_\_\_  Approved  Denied – Reason: \_\_\_\_\_

(Leave Without Pay longer than two weeks only)

cc: Payroll – Family Member Sick Leave, Bereavement Leave, Jury Duty, Military Leave

Human Resources \_\_\_\_\_  Approved  Denied – Reason: \_\_\_\_\_

(Family Member Sick Leave Petition; Bereavement Petitions; Leave Without Pay; Military Leave)

**Leave Types:**

- Compensatory Leave
- Donated Leave
- Paid Time Off
- Floating Holiday
- Holiday Compensatory Time
- Vacation
- Sick Leave
- Family Member Sick Leave
- Personal Leave
- Purchase Day
- Bereavement Leave
- Military Leave
- Military Training Leave
- Jury Duty Leave
- Crime Victim Leave
- Voting Day Leave
- Public Health Emergency Leave
- Leave Without Pay – Medical
- Leave Without Pay – Educational
- Leave Without Pay – Personal
- Parental Leave

**Family Member Relationship Types:**

“Family Member” shall have the same meaning as set forth in A.R.S. § 23-371.H and means:

- Regardless of age, a biological, adopted or foster child, stepchild or legal ward, a child of a Domestic Partner, a child to whom the employee stands in Loco Parentis, or an individual to whom the employee stood in Loco Parentis when the individual was a minor;
- A biological, foster, stepparent or adoptive parent or legal guardian of an employee or an employee’s spouse or Domestic Partner or a person who stood in Loco Parentis when the employee or employee’s spouse or Domestic Partner was a minor child;
- A person to whom the employee is legally married under the laws of any state, or a Domestic Partner of an employee as registered under the laws of any state or political subdivision;
- A grandparent, grandchild or sibling (whether of a biological, foster, adoptive or step relationship) of the employee or the employee’s spouse or Domestic Partner; or
- Any other individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.