

City of Beeville
Leave Request Form

Name: _____ Date: _____

Please indicate below the leave time requested. (Please check one)

- Vacation Leave
- Sick Leave
- Injury Leave (Work related injuries see HR)
- Military Leave (please attach copy of military orders)
- Jury Duty (please attach copy of jury duty notice and court time attended)
- Administrative Leave
- Comp Time
- Bereavement

Employee requesting time off must give supervisor enough notice to ensure coverage is available in their absence. **Last minute request for time off requires an explanation (please explain below)**

I request _____ hours of leave as indicated above beginning on
_____ and ending on _____.
(Date and Time) (Date and Time)

Employee's signature

Date

Dept. Head/Supervisor Signature

Date

Please check one below.

- Leave Approved
- Leave not Approved

Reason leave not approved:

