

TOWN OF COLONIE REQUEST FOR LEAVE

EMPLOYEE NAME: _____ DATE: _____

DATES & TIME REQUESTED

<u>TYPE OF LEAVE</u>	<u>COMMENTS</u>
<input type="checkbox"/> Personal Service Time	
<input type="checkbox"/> Bereavement	
<input type="checkbox"/> Compensatory Time	_____
<input type="checkbox"/> Administrative Leave Time	_____
<input type="checkbox"/> Family Medical Leave*	_____
<input type="checkbox"/> With <input type="checkbox"/> Pay <input type="checkbox"/> Without Pay	
<input type="checkbox"/> Jury Duty	_____
<input type="checkbox"/> Leave Without Pay*	_____
<input type="checkbox"/> Military Leave	_____
<input type="checkbox"/> <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay	
<input type="checkbox"/> Fire Fighter (Attach Appropriate Documentation)	_____
Other	_____

Date Approved _____

Date Denied _____ REASON FOR DENIAL _____

 Employees Signature & Date _____

Supervisor's Signature & Date _____

Department Head's Signature & Date _____

**For approval of these types of leave, contact your Department Head for the appropriate forms.*