

**RESA 2
REQUEST FOR LEAVE PAYMENT**

Name _____ Employee # _____

ABSENCE WAS: (Check applicable answers and provide narrative information as requested)

SICK LEAVE:

Employee illness or accident: Illness of spouse, parents, child or maternity/paternity (Absence of more than two days require written verification attached to form)

Absent Date(s) _____

Reason _____

PERSONAL LEAVE/EMERGENCY LEAVE:

(Check this box to request personal days (three per year) or emergency day (one day per year).

Dates Requested for **Personal Leave:** 1. _____ 2. _____ 3. _____

Dates Requested for **Emergency Leave:** 1. _____

VACATION LEAVE:

Indicate the Date of each day requested:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

OR

Indicate the Date range requested:

Starting _____ to _____

Date to return to work _____

BEREAVEMENT:

Absent Date(s) _____

Due to death of _____

JURY DUTY:

Attach a copy of the Jury Duty Summons that indicates the name of the court and the amount paid per day.

Absent Date(s) _____

LEGAL: A summons to court not initiated or caused by the employee and not for the employee's benefit; verification must be provided.

Absent Date(s) _____

MILITARY RESERVES: Attach copy of orders.

Absent Date(s) _____

I hereby certify with my signature that I was absent on the date(s) indicated for the reason stated and that I am entitled to be paid for such time. I understand that falsification of this report may lead to charges for dismissal on grounds of immorality:

Employee Signature _____ Date _____ Supervisor Initial _____

APPROVED

Date _____ Executive Director _____

DENIED

Reason _____

Date _____ Executive Director _____