



City of North Plains
 31360 NW Commercial St
 North Plains, OR 97133

Employee Leave Request

Time Off Information			
Employee Name:			
Dept. Manager:			
Type of Absence Requested:			
<input type="checkbox"/>	Personal Time Off	<input type="checkbox"/>	Bereavement
<input type="checkbox"/>	Other:		
Dates requested:			Total hours requested:
Comments:			
Employee Acknowledgement: I understand that this is a request for leave. Approval is subject to eligibility verification and supervisory approval. Leave must be requested and taken in accordance with city policies.			
Employee Signature:			Date:
Manager Approval			
Eligibility verified by HR <input type="checkbox"/> Yes <input type="checkbox"/> No Name: (print) _____			
Management approval <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			
Manager Signature:			Date: