



CITY OF CASTROVILLE

Leave Request/Vacation Sell Back Form

Absence Information			
Employee Name (Last, First, Middle Initial):		Date Submitted:	
Department:		Employee can be reached at (if needed):	
Type of Leave Requested: Use separate form for each pay period.			
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Vacation Leave	<input type="checkbox"/> Comp Time Taken	<input type="checkbox"/> Time Off Without Pay
<input type="checkbox"/> Floating Holiday	<input type="checkbox"/> Bereavement Leave	<input type="checkbox"/> Jury Duty Leave	<input type="checkbox"/> Other:
		# of Hours	Type of Leave
Date(s) of Absence: From:		To:	
Date(s) of Absence: From:		To:	
Date(s) of Absence: From:		To:	
<input type="checkbox"/> Request for Vacation Sell Back		Total Number of Hours:	
Reason for Absence:			
Documentation:	<input type="checkbox"/> Medical	<input type="checkbox"/> FMLA	<input type="checkbox"/> Military Orders
<input type="checkbox"/> Jury Duty Notice	<input type="checkbox"/> Bereavement Notice	<input type="checkbox"/> Other:	
<i>I certify that the leave requested above is for the purposes(s) indicated. I understand that I must comply with the City's policies and procedures for requesting approved leave (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action up to and including termination.</i>			
Employee Signature		Date	
Departmental Approval			
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved		
Supervisor/Department Director/City Administrator Signature		Date	
Vacation Sell Back Approval			
<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	Human Resource Signature		Date
Sufficient departmental funds: <input type="checkbox"/> Are Available <input type="checkbox"/> Are Not Available At This Time	Finance Signature		Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	City Administrator Signature		Date