

**City of San Bruno
Leave Request Form**

Please complete a separate form for each leave period and include only one pay period per form

Name _____ Dept./Division _____

Date of Request _____ Total No. of Hours _____ From _____ to _____

If time off request is less than one day.

Date of Leave _____ to _____

Charge hours to: _____

No. of hours _____

Use additional fields if necessary

Comments

Employee Signature _____ Date _____

Reviewed by _____ Date _____

Approved by _____ Date _____

All leave, except sick leave, requires prior approval. Employees must request and use leaves in accordance with MOU provisions and department policy where applicable, and may be required to provide verification for use of sick leave. Supervisors and managers are responsible for ensuring that all leaves, including sick leave, are correctly reported.

**Requests for Sick leave or Family sick leave of greater than 3 days or for recurring periods of time may indicate a qualifying*

FMLA leave. The manager or supervisor must inform Human Resources and should discuss the basis for the leave with the employee.

*** Leave without pay requires prior **approval by the City Manager.***