

CITY OF LITTLE ROCK LEAVE REQUEST FORM

Employee: _____

Employee Number: _____

DATES OF LEAVE(S): _____

TYPE OF LEAVE:

BEGIN/END of LEAVE TIME:

Paid Time Off (PTO) _____ TO _____

Short Term Disability (STD) _____ TO _____
(Must also include STD form signed by Department Director)

FMLA _____ TO _____
(Must also check either PTO, STD or COMP time)

Leave Without Pay _____ TO _____

Administrative Leave _____ TO _____

Comp Time _____ TO _____

TOTAL TIME REQUESTED _____ Hours _____ Minutes

Supervisor's Approval: _____

Comments: