

City of Saint Paul, Office of Human Resources
REQUEST FOR LEAVE OF ABSENCE

Type of leave requested _____

INSTRUCTIONS: This form should be sent to the Office of Human Resources whenever an employee requests and is granted a leave of absence without pay for a period of more than thirty (30) days.

TO: _____
Department Head

I, _____ hereby request a leave of absence from my
position as _____ in the Division of _____
for a period beginning _____ and ending _____ for the following reasons:

Employee #

Employee Signature

Date

REPORT OF LEAVE

TO THE OFFICE OF HUMAN RESOURCES:

Leave of Absence is hereby granted without pay to: _____
Employee Name
from _____ to _____

Date Approved

Approved by: Department Head (Print)

Signature of Department Head