

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

Rep. No. _____
Date _____

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 leave of absence from my position(s) as _____
(Title/Occupation Code)

in the Division of _____ for a period beginning
_____ and ending _____ for the following reasons:

Date Signature of Employee

REPORT OF LEAVE

TO THE OFFICE OF HUMAN RESOURCES:

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

from _____ to _____
Social Security Number

Date Department Head