



Mayor Joshua A. Garcia  
City of Holyoke

Kelly Curran  
Personnel Department

## REQUEST FOR LEAVE

Employee Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Please Print)

Balance of Hours *BEFORE* this request:

- Vacation: \_\_\_\_\_
- Personal: \_\_\_\_\_
- Sick: \_\_\_\_\_

TOTAL Hours requested:

- Vacation: \_\_\_\_\_
- Personal: \_\_\_\_\_
- Sick: \_\_\_\_\_

Balance of Hours *AFTER* this request:

- Vacation: \_\_\_\_\_
- Personal: \_\_\_\_\_
- Sick: \_\_\_\_\_

Type(s), Date(s), and Hours requested:

Vacation		Personal		Sick		Other	
Date(s)	Hours	Date(s)	Hours	Date(s)	Hours	Date(s)	Hours

Requested: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Employee

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Department Head

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Mayor (\*when required\*)

**\*\*Submit *Signed Original* form to Personnel Department\*\***