



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****