City of West Hollywood

REQUEST FOR LEAVE

Employee Name: _____
(Please Print)

Department/Division: _____

Date: ____/____/____

TO_____
(Divison Manager)

I am requesting _____off as follows:
(number of days)

☐ Vacation   ☐ Compensatory time
☐ Sick   ☐ Administrative leave
☐ Floating Holiday   ☐ Other

Specific Dates Off: _____

Employee's signature: _____

Approved by Division Manager: _____*Date:*_____

Approved/Denied (circle one)
by Department Director: _____*Date:*_____