



505 E. 2600 N. North Ogden, UT 84414
[O] 801-782-7211 | [F] 801-737-2219
www.northogdencity.com

TIME OFF / LEAVE REQUEST

Employee Number _____ Name _____ Date of Request _____

I request approval of leave time for the following shift(s) / day(s):

_____ for _____ from _____ to _____
Date Hours Beginning Time Ending Time

_____ for _____ from _____ to _____
Date Hours Beginning Time Ending Time

_____ for _____ from _____ to _____
Date Hours Beginning Time Ending Time

_____ for _____ from _____ to _____
Date Hours Beginning Time Ending Time

_____ for _____ from _____ to _____
Date Hours Beginning Time Ending Time

Leave to be charged to:

___ Vacation ___ Comp Time ___ Military Leave
___ Sick Leave ___ Leave without Pay ___ Bereavement

Comments:

Employee Signature

FOR DEPARTMENT HEADS ONLY
*PLEASE ATTACH THIS TO THE TIME SHEET FOR THE PAY PERIOD IN WHICH THE LEAVE IS TAKEN.
PLEASE GIVE TO HR AFTER ALL REQUIRED SIGNATURES*

FOR OFFICE USE ONLY

Total number of hours accrued or allowed per Personnel Policy for requested leave _____

Supervisor Approval

Department Head Approval

City Administrator/Manager Approval