

CITY OF BONIFAY

REQUEST FOR OR NOTIFICATION OF ABSENCE

Employee's Name:		
Type of Absence <input type="checkbox"/> Vacation <input type="checkbox"/> Sick <input type="checkbox"/> Late <input type="checkbox"/> Comp. Time <input type="checkbox"/> LWOP <input type="checkbox"/> Other	From (MM/DD/YY) _____	Thru (MM/DD/YY) _____
	Approved in advance? Yes <input type="checkbox"/>	 No <input type="checkbox"/>
Remarks		
I understand that the vacation leave authorized in excess of the amount available to me during the leave year will be charged to leave without pay.		
Employee's Signature & Date	Signature of Supervisor & Date Notified	
Official Action on Application <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Approved </div> <div style="text-align: center;"> <input type="checkbox"/> Disapproved (give Reason) </div> </div> Type of Leave Granted _____		
Signature of Supervisor and Date		

Date Approved:

Date Updated: