

**CITY OF HIDALGO
REQUEST & AUTHORIZATION FOR LEAVE OF ABSENCE**

Date: _____

I, _____ hereby request leave of absence

To begin on _____ 2019 at _____ (hour).

And end on _____ 2019 at _____ (hour).

To be charged to:

___ Vacation	___ On the job injury	___ Reserve/National Guard Verification Needed
___ Training	___ Funeral Leave	___ Civic duty Verification Needed
___ Sick Leave	___ Personal Day	___ Other/Use Remarks Section

A total leave of absence of _____ day(s) _____ hours.

Remarks: _____

Employee Signature

AUTHORIZATION

___ Approved ___ Denied _____ Date _____
Supervisor

___ Approved ___ Denied _____ Date _____
Finance Director

___ Approved ___ Denied _____ Date _____
City Manager