

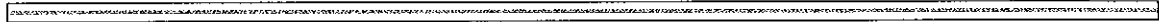


MUNICIPALITY OF MONROEVILLE



“Equal Opportunity Municipality”

Leave Request Without Pay Form

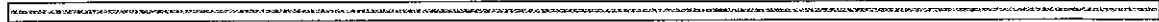


Employee’s Name: _____

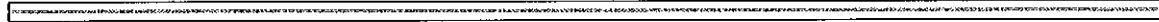
Department Head : _____

Date(s) Requested: _____

Prior Dates Requested: _____

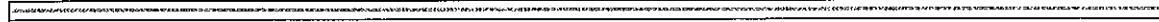


Reason For The Request: _____



Request Granted

Request Denied



Department Heads Signature: _____ Date: _____

Director of Personnel/Finance: _____ Date: _____

Municipal Manager Signature: _____ Date: _____

NOTE: *This form must be signed prior to time taken.*

Cc: Employees Personnel File

TJL/SEW/jig