



505 E. 2600 N. North Ogden, UT 84414
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Exhibit U

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