



CITY OF BELEN, NEW MEXICO

APPLICATION FOR LEAVE (Fill in the blanks, press print when done.)

|   |                       |  |  |
|---|-----------------------|--|--|
| Employee's Name:  |                       | In event of emergency, where may we contact you? |  |
| Department/Division/Section:  |                       |  |  |
| Total hours requested for current Pay Period  | Beginning Pay Period: | Ending Pay Period:                               |  |
| <b>NOTE:</b> 1. An employee may be required to furnish a doctors certificate.<br>2. The bottom portion must be completed the applicant. |                       |  |  |
| Signature: Employee   |                       | Date Submitted:                                  |  |
| <input type="radio"/> Approved  | Date:                 | Signature: Approving Authority                   |  |
| <input type="radio"/> Disapproved   |                       |  |  |

Enter the hours that correspond to the type of leave requested

- Compensatory
- Military
- Maternity
- Court or Jury
- Educational
- Administrative
- Personal Holiday
- Bereavement
- Workers Comp.

\* Leave without pay requires Department Head and City Manger Approval. If leave exceeds 10 working days, complete another P-30.