

CITY OF DOVER  
699 LAKESHORE AVENUE  
PO BOX 115  
DOVER ID 83825

LEAVE TIME

NAME:

DATE:

I request \_\_\_\_\_ days off as PAID VACATION LEAVE.

DATE(S):

I request \_\_\_\_\_ days off as PERSONAL PAID LEAVE (PPL)

DATE(S):

I request \_\_\_\_\_ days off as TIME-WITHOUT-PAY.

DATE(S):

TOTAL DAYS REQUESTED: \_\_\_\_\_

PERSONAL PAID LEAVE (PPL) days absent due to illness: \_\_\_\_\_

DATE(S):

\_\_\_\_\_  
Signature

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FOR OFFICE USE ONLY

APPROVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ APPROVED BY: \_\_\_\_\_