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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