



Leave of Absence (LOA) Leave Schedule

Name: _____ **EEID:** _____ **Leave Request #** _____

Is this a revised Leave of Absence Schedule for an active leave?	Yes	No
Is this an irregular intermittent leave?	Yes	No

Note: This form may not be applicable for irregular intermittent leaves

My work schedule each pay period is (hours per day): S= M= T= W= Th= F= S=	Anticipated return to work: _____
S= M= T= W= Th= F= S=	Indicate accrual balances as of: SIC: ____ VAC: ____ EXEC: ____ COMP: ____ PER: ____
I am regularly scheduled to work _____ hours per week	

Instructions:

Print or type clearly. Use as many sheets as necessary to plan the entire duration of your leave. Contact your department timekeeper for assistance completing these forms.

I understand that the following is my request for the use of paid or unpaid time during my leave, in accordance with the [City's Leave Policy](#). I must submit a revised Leave of Absence Schedule prior to the pay period during which a change occurs. If I submit paid time which differs from the the City's Leave Policy, that paid time may not be paid.

Pay Period#		from	through			LTD Claim Period			
	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time
# of Hours									
F- Protected U-Unprotected	-----	U F	U F	U F	U F	U F	-----	U F	U F
Pay Period#		from	through			LTD Claim Period			
	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time
# of Hours									
F- Protected U-Unprotected	-----	U F	U F	U F	U F	U F	-----	U F	U F
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Employee Signature:	Print Name:	Date:
Timekeeper Signature:	Print Name:	Date:

Notes: