

CITY OF WHITING EMERGENCY LEAVE REQUEST FORM

Instructions:

This form must be completed in its entirety whenever the employee is requesting to be granted Emergency Leave. Emergency Leave will only be granted to a full-time regular employee who has been retained past one year, and as a result of a long illness, non-job related injury, numerous illnesses, and/or being a responsible care provider, and has exhausted all available paid leave. The employee must complete and sign Section 1 before presenting the form to their supervisor. The supervisor should verify the employee's sick leave status, sign the form and forward it to the Mayor for consideration.

SECTION 1: TO BE COMPLETED BY THE EMPLOYEE

Date:

Employee name:

Department:

Employee signature:

SECTION 2: TO BE COMPLETED BY THE SUPERVISOR

Employee FMLA paperwork submitted and in order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Employee normal paid leave exhausted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Supervisor's signature:

Date:

SECTION 3: TO BE COMPLETED BY THE MAYOR

Approved **Denied**

Comments:

Mayor's signature:

Date:

Distribution: Original – Clerk-Treasurer's Office; Personnel File
 1 Copy – Employee
 1 Copy – Supervisor