

CITY OF HOUSTON Leave Authorization Request

EMPLOYEE NAME		EMPLOYEE NUMBER	
DEPARTMENT		DIVISION	
DATE SUBMITTED	PREPARED BY	DATE OF LAST REQUEST	REASON

ACTION	BEGIN			END			NUMBER OF WORK DAYS		HRS
							DAYS	HOLIDAY	
VACATION									
SICK LEAVE									
SICK LEAVE EXTENSION							*SECT 12-169 PAR F.1 CIVIL SERVICE CODE OF ORDINANCE		
ABSENT									
FLOATING HOLIDAY									
DEATH IN FAMILY									
COMP. TIME									
JURY DUTY							*ATTACH SUMMONS		
MILITARY LEAVE							*ATTACH ORDERS		
OTHER (EXPLAIN BELOW)									

EMPLOYEE		DATE	
SUPERVISOR		DATE	
APPROVING		DATE	

*Supporting document(s)
 must accompany this form

(F)