



CITY OF HAINES CITY  
LEAVE FORM

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Classification: \_\_\_\_\_

Division: \_\_\_\_\_

LEAVE: \_\_\_\_\_ hrs chargeable to:

WITH PAY

- Vacation
- Sick
- Floating Holiday
- Workers' Comp
- Military Leave
- Other (Explain):

\_\_\_\_\_  
\_\_\_\_\_

WITHOUT PAY

- Absent Without Pay
- Other (Explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) Absent: \_\_\_\_\_

\_\_\_\_\_  
Employee

Approved

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Department Head