Town of Spencer, Tennessee LEAVE REQUEST

Name	Department
Date of Request	Address During Leave
Dates of Leave:	Phone No. During Leave
Beginning: Time of Day Ending:	Date
Time of Day	Date
LEAVE CATEGORY:	
Annual Leave (Hours) VacationPersonal BusinessUnused Annual Leave TransferredOther Leave	Sick Leave (Hours) Personal Illness Injury Doctor's Appointment Family Illness Other:
Other Leave: Military: (Written request and copy of Orders required)Short Tour Duty	Leave of Absence: State Reason:
Extended Active Duty (leave without pay) Court Leave:	LEAVE REQUEST SUMMARY
Jury Service Witness/Subpoena Other	Category Hours Leave Balance
Funeral Leave:State Family Relationship	
Family & Medical Leave:Family MemberSelf	
Employee's Signature	
Approved: Mayor/Supervisor	