APPLICATION FOR LEAVE

City of Bowling Green

Name (Last, First)	Date	Department/Division
		Water Treatment Plant

Hours, Dates, and Types of Leave Requested

Legend: Sick Leave = SICK Vacation = VAC Funeral = FB Comp. Time = COMP
Court Time = CT Workers' Comp Leave = WC Personal Business = PB (Court Personnel Only)
Unpaid Leave = UP Special/Contract Vacation = SV Military = MIL (Submit Military Orders)

Dates: Salary Personnel-Use for multiple dates in the same pay period. Hourly Personnel- Use for multiple dates in the same week. For consecutive days of the same leave type, list only once.

Leave Type	Begin Date		End Date		Begin Time		End Time	Total Hours
		to		from		to		
		to		from		to		
		to		from		to		
		to		from		to		
		to		from		to		

Reasons for Leave

Complete the following when applying for Sick, Worker's Comp, or Funeral/ Leave, or unpaid leave for any reason. Family and Medical Leave (FML) information will be provided to you, if applicable.

Reason for Leave

☐ Incapacitated by non-work related illness or injury

☐ Incapacitated by work-related illness or injury

Workers' Comp Leave Claim No. _____ Date of Injury_____

☐ Leave is associated with pregnancy and/or birth of a child

☐ Leave is associated with the placement of a child for adoption or foster care

☐ Leave is for medical, dental, or other treatment or examination - Time/Date of appt: _____

☐ Leave is required to care for a member of my family who is incapacitated by illness or injury

Family Member Name: _____ Relationship to You: _____

☐ Funeral/Bereavement Leave (Review City policy or union contract regarding use of this leave)

Family Member Name: _____ Relationship to You: _____

Physician certification should be attached to this form, if available.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined in GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Signatures

Employee's Statement

I hereby declare that the information provided in this application is true, correct, and complete to the best of my knowledge and belief. I fully understand that a false entry shall be grounds for disciplinary action, including dismissal.

Employee's Signature _____ (do not print or type) Date _____

☐ Approved ☐ Disapproved Supervisor _____ Date _____

☐ Approved ☐ Disapproved Dept./Div. Head _____ Date _____