REVISED P.D. FORM 206
NOVEMBER 17, 1982

CITY OF HOUSTON
Leave Authorization Request

FORM DATA - FILL IN APPROPRIATE INFORMATION				
EMPLOYEE NAME	Last Name	First Name	Middle Initial	EMPLOYEE NUMBER
DEPARTMENT Public Works & Engineering		DIVISION		
DATE SUBMITTED	PREPARED BY	DATE OF LAST REQUEST _____		REASON _____

ACTION DATA - FILL IN APPROPRIATE INFORMATION												
	ACTION	BEGIN				END			NUMBER OF WORK DAYS			HRS
	VACATION								DAYS ___	HOLIDAY ___		
	⇒ **Leave pursuant to the Family and Medical Leave**											
	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)								___			
	⇒ **Leave pursuant to the Family and Medical Leave**											

SIGNATURE DATA - FILL IN APPROPRIATE INFORMATION			
EMPLOYEE ▶		DATE	
SUPERVISOR ▶		DATE	
APPROVING ▶		DATE	

*Supporting document(s) must accompany this form

TYPE OF ABSENCE—CHECK ONE: ☐ *SCHEDULED* ☐ *UNSCHEDULED*

MEDICAL PROVIDED—CHECK ONE: ☐ *YES* ☐ *NO*

OTHER NECESSARY DOCUMENTATION (JURY DUTY, FUNERAL, etc.) PROVIDED—CHECK ONE: ☐ *YES* ☐ *NO*

Form H