



**CITY OF WEST LIBERTY  
REQUEST FOR LEAVE**

TYPE OF LEAVE: ANNUAL  BEREAVEMENT  SICK  COMP  LEAVE WITHOUT PAY  MILITARY/JURY  OTHER  ADMINISTRATIVE  FLOATING HOLIDAY

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ NO. OF HRS. \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVED SIGNATURE \_\_\_\_\_

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