



LEAVE REQUEST
City Of Sevierville
P.O. Box 5500
Sevierville, TN 37864

Employee Name: _____

Employee Number: _____ Date of Request: _____

Type of Leave:

_____ Vacation _____ Workers Comp (Job Injury)

_____ Sickness (Self) _____ Military

_____ Sickness (Family Member) _____ Civil
(Eligible family: spouse, child or parent)

_____ Other (Please Specify) _____

Date (s) of Leave Requested: _____
(Actual Date (s) of Requested Leave)

Time of Leave Requested: _____ To _____ Total Hours Away: _____

Employee Remarks: _____

Employee Signature: _____

Supervisor Signature: _____

Date: _____ Approved: _____ Denied: _____

Supervisor Remarks: _____