



**CITY OF CORAL GABLES  
DIRECTOR'S LEAVE SLIP FORM**

Director Name \_\_\_\_\_

Director ID Number \_\_\_\_\_

Date of Request \_\_\_\_\_

Department/Division/Number \_\_\_\_\_

Type of Leave Requested	Payroll Codes	Beginning Time		Ending Time		Total Hours	Reason
		Date	Time	Date	Time		
Pre-approved Sick	270						
Pre-approved Family Sick	271						
Sick Leave Part-Time	370						
Non-preapproved Sick	270						
Non-preapproved Family Sick	271						
Pre-Approved Annual	250						<i>Reason not required</i>
Annual Leave Part-Time	350						
Non-preapproved Annual	250						
Floating Holiday	215						<i>Reason not required</i>
Floating Holiday Part-Time	315						
Pre-approved Comp. Time	102						<i>Reason not required</i>
Non-preapproved Comp. Time	102						
Admin. Sick Leave	236						<i>Awarded for no Sick Leave taken</i>
Admin. Sick Leave Part-Time	336						
On-Site Training	237						
On-Site Supervisory Training	238						
Administrative Leave Off-Site	216						
Military Duty	104						
Military Training Drills							
Military Leave Part-Time	304						
No Pay	000						
Sick No Pay	274						
Disability No Pay	392						
Disability Pay	390						<i>Human Resources Approval Required</i>
Disability Denied Pay	393						
Dis. Medical Appoint.	397						
Bereavement Leave	235						
Bereavement Leave Part-Time	335						
Jury Duty	234						
Jury Duty Part-Time	334						

Director's Signature \_\_\_\_\_

ACM's Signature (if applicable) \_\_\_\_\_

City Manager's Signature \_\_\_\_\_

<p>During my absence, _____, _____ is assuming the  <small>(Employee Name)</small> <small>(Position Title)</small></p> <p>responsibilities of the office. The contact information is: _____ or _____.  <small>(Work Number)</small> <small>(Cellphone Number)</small></p>
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