



CITY OF CORAL GABLES LEAVE SLIP FORM

Employee Name

Employee ID Number

Date of Request

Classification Title

Department

Division/Number

Type of Leave Requested	Payroll Codes	Beginning		Ending		Total Hours	Reason
		Date	Time	Date	Time		
Pre-approved Sick	____ 270						
	____ 271						
Sick Leave Part-Time	____ 370						
Non-preapproved Sick	____ 270						
	____ 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	____ 104						
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						
Union Business	____ 109						
Suspension without Pay	____ 002						

Employee Signature

Department Director Signature

Supervisor Signature

City Manager Signature

FOR POLICE USE:	
<input type="checkbox"/>	Entered in Enotify
<input type="checkbox"/>	Approved/Denied in Enotify