



**CITY OF DUBLIN
ADMINISTRATIVE ORDERS
OF THE CITY MANAGER**

| |
|---|
| ADMINISTRATIVE ORDER 1.5 |
| TO: All Department/Division Heads & Assistants |
| FROM: Jane S. Brautigam, City Manager |
| SUBJECT: Processing Procedure for Leave Requests |
| DATE October 30, 2006 |
| Supersedes and Replaces Administrative Order 1.5 dated 12/08/95 Regarding Same Subject |

I. PURPOSE

The purpose of this Administrative Order is to establish procedures for approving and the processing of leave requests.

II. POLICY

It is the City's policy that leave request forms shall receive the approval of the employee's Director or other administrative supervisors, as appropriate. Once approved by the Director or other administrative supervisors, the leave request shall be forwarded to Finance. Due to certain provisions of the Family & Medical Leave Act, leave request forms must be acted upon within 24 hours of submittal and must be received by the Finance Department within 24 hours of approval. The leave request form shall be a multi-part form. The original shall be forwarded to the Finance Department. One copy shall be given to the employee and one copy will be retained by the proper supervisor.

As noted previously, Leave Request Forms shall be approved by the proper supervisor, and then be forwarded directly to Finance, with the following exceptions:

- Extended illness or accident leave
- Maternity leave
- Injury leave
- FMLA leave
- Other

Requests for these types of leave should be submitted to Human Resources for final approval. If approved, these requests will then be forwarded to Finance.

This Administrative Order shall be effective upon distribution.

**CITY OF DUBLIN
LEAVE REQUEST FOR**

P-8 (Rev. 7-28-98)



I, _____ request:

LEAVE WITH PAY

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Comp. Time | <input type="checkbox"/> Military Reserve* | <input type="checkbox"/> Jury Duty Leave* |
| <input type="checkbox"/> Vacation Leave | <input type="checkbox"/> Training/Conference | <input type="checkbox"/> Injury Leave* | <input type="checkbox"/> Other* (describe below) |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Mandatory Training (police only) | <input type="checkbox"/> Court Leave* | |

LEAVE WITHOUT PAY

- | | |
|---|---|
| <input type="checkbox"/> Leave of Absence (Personal)* | <input type="checkbox"/> Extended Illness/Accident Leave* |
| <input type="checkbox"/> Maternity Leave* | |

| | |
|---|----------------------|
| From: _____ & _____ To: _____ & _____ | Total No. Days/Hours |
| For the following reason:** _____ <hr style="border: 1px solid black;"/> | |

* Pursuant to Administrative Order 1.5, must be forwarded to the Director of Human Resources and Procurement for final approval.

**It is not necessary to provide a reason for the use of Comp. Time, Personal Leave, or Vacation Leave.

Employee Signature _____ Date _____

Department/Division Head Approval

- | | | | |
|----------------------------------|-------------------------------------|-----------------|-------|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Disapprove | _____ | _____ |
| | | Division Head | Date |
| <input type="checkbox"/> Approve | <input type="checkbox"/> Disapprove | _____ | _____ |
| | | Department Head | Date |

Other Approvals, If Required By A.O. 1.5

- | | | | |
|----------------------------------|-------------------------------------|---|-------|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Disapprove | _____ | _____ |
| | | Director of Human Resources & Procurement | Date |