MIFFLIN TOWNSHIP - REQUEST FOR LEAVE - FORM 110

Name (Print)	Last	First	Middle Initial	Date

I request leave beginning ____________ A.M. P.M. ________________________________, 20_______ and ending

____________ A.M. P.M.________________________________,20_______, for the following reason:

______ Medical, Dental, or Optical Examination or Treatment ________________________ Name of Physican/Facility

______ Personal Illness or Injury ____

______ Illness or Injury in Immediate Family____
Name Relationship

______ Death of ________________________________ on ____________________
Name Relationshi[p Date of Death

______ Vacation

______ Court: ______Court Duty______Jury Duty. Supoena issued by________________Court____________ Date

______ Millitary: ______With Pay ______Without Pay

______ Leave Without Pay ____

______ Compensatory Time/Other (Explain)____
(ie) Maternity/Paternity Leave - Bereavement Leave, etc.

Other	C.T.	Sickness	Vacation			Yes/No
______	______	______	______	Balance Pay Ending	Is claim to be made to any insurance company?	______
______	______	______	______	**Total This Request**	Is this a work-related injury or illness?	______
______	______	______	______	New Balance	REPORT/FORMS COMPLETED: Inter-Office	______
______	______	______	______	Total Used This Year	REPORT/FORMS COMPLETED: Worker's Comp	______

____
Employee Signature

PHYSICAN'S STATEMENT - (Employee Excuse from Work) - To be completed for Employee or Immediate Family Illness or Injury Leave Requests exceeding more than two (1) shifts for 56 Hr. Personnel; or more than three (3) shifts for 40 Hr. Personnel).
As a duly qualified practioner of medicine, I certify that ________________________ was under my professional care from____________________ to________________________ and is mecially capable to return to work.

____
Physician Signature

____
Address

________________________ Date

____
City State Zip Code

ADMINISTRATIVE ACTION

______ Recommended
______ Not Recommended

______ Approved
______ Denied

____
Supervisor

____
Appointing Authority

REMARKS ____

TOTAL HRS. APPROVED ____________