

APPLICATION FOR LEAVE
SMG – COLORADO CONVENTION CENTER

PLEASE COMPLETE ALL INFORMATION

Employee Name _____ Department _____

Employee ID # _____

PTO LEAVE REQUEST TYPE (Check One)

_____ **Scheduled Time-Off**

- Approved by Manager before the absence

_____ **Unscheduled Time-Off (Explain)** _____

- Call In; Not Approved by Manager before the absence. Explanation must be given.

OTHER LEAVE REQUEST TYPE (Check One)

_____ **Funeral Leave**

- Attach copy of obituary
- Define relationship to employee

_____ **Jury Duty**

- Attach a copy of summons
- Attach copy of Juror Service Certificate if selected to serve

_____ **Workers Compensation** (Mark this if the absence is due to a workers' compensation injury, **WHETHER OR NOT** compensation is through our payroll system.)

_____ **Other (Explain)** _____

DATES REQUESTED (Dates requested Monday thru Sunday) _____

Dates recorded must be within the same pay period. Please use additional form for dates requested the following Monday thru Sunday. Do not include regularly scheduled days off on this line!

NUMBER OF HOURS (Hours Off) _____

REGULARLY SCHEDULED DAYS OFF _____

ONLY INCLUDE if occurring during absence!

EMPLOYEE SIGNATURE _____ **DATE** _____

SUPERVISOR SIGNATURE _____ **DATE** _____

MANAGER SIGNATURE _____ **DATE** _____

- **REQUIRED**

Please return completed form to the Payroll Department to ensure proper payment.

Please remember that this form must contain all applicable information including the date and hours of the absence, the employee signature, supervisor signature, and manager signature. The completed form **MUST** be submitted to the Payroll Department before each Monday's payroll deadline.

Payroll will record hours and submit originals of the form to the Human Resources Department.

FOR PAYROLL USE ONLY:

Initial and date received in Payroll _____