



City of Asotin

Phone: 509-243-4411

PO Box 517

121 Cleveland Street

Asotin WA 99402

Fax: 509-243-1223

Vacation Request Form

Date: _____

Name (print): _____

Department: _____

I am requesting the following dates for my vacation:

Duration of Request: From: _____ Thru _____ Total Hours: _____

Date Returning to Work: _____

Date: _____ Employee Signature: _____

Approved By:

Supervisor

Mayor

NOTE: This form must be completed by each employee and approved by their immediate supervisor and Mayor prior to use of any leave.



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Leave Action Form

Name (print): _____

Department: _____

Nature of Request: _____ Annual
_____ Sick
_____ Bereavement
_____ Jury/Court
_____ Military
_____ Floating Holiday

Duration of Request: From: _____ Thru _____ Total Hours: _____

Remarks (Explain nature of illness, reason for absence & etc):

Date: _____ Employee Signature: _____

Approved By:

Supervisor

Mayor

NOTE: This form must be completed by the employee and approved by their immediate supervisor and the Mayor prior to use of any leave. In addition, this form shall be completed immediately upon return to work of sick leave.