

**CIVIL SERVICE COMMISSION, CITY HALL
YOUNGSTOWN, OHIO
REQUEST FOR LEAVE OF ABSENCE**

(First Name)

(Initial)

(Last Name)

(Home Address)

(City)

(State)

(Zip Code)

REASON FOR REQUEST:

To be effective from:

_____ 20 ____ to _____ 20 ____ inclusive.

(Position)

(Date)

(Employee's Signature)

(Department)

___ Approved

___ Not Approved

(Date)

(Department Head)

___ Approved

___ Not Approved

(Date)

(Appointing Authority)

Action by CIVIL SERVICE COMMISSION:

Approved from _____ to _____ inclusive. Date: _____

Denied _____ Date: _____

(President)

(Vice President)

(Secretary)