



CITY OF CAMDEN FUNERAL & PERSONAL LEAVE REQUEST FORM

TO: Department Director

FROM:

Employee Name

Address

City, State, Zip

Home Phone:

Cell Phone:

E-Mail Address:

I, _____ respectfully request a leave of absence
for _____ days, months, beginning _____ and ending _____. The purpose is
as indicated below. The leave is to be ☐ with ☐ without pay. Supporting
documentation is attached.

☐ Bereavement Relationship of Deceased _____
(Attach supporting documentation)

☐ Personal

Signature

Date

☐ Approved ☐ Disapproved

Director

Date

☐ Approved ☐ Disapproved

Business Administrator
(Personal Leaves Only)

Date

C: Personnel Office