



# CITY OF CAMDEN MEDICAL LEAVE REQUEST FORM

**TO:** Jason Asuncion, Esq., Business Administrator

**FROM:**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone: Cell Phone:

\_\_\_\_\_  
E-Mail Address:

\_\_\_\_\_  
Department: Title:

I respectfully request a medical leave of absence for \_\_\_\_\_ days, months, beginning \_\_\_\_\_ and ending \_\_\_\_\_. The leave is to be  with  without pay. Supporting documentation is attached.

\_\_\_\_\_  
Signature Date

Approved

Disapproved

\_\_\_\_\_  
Business Administrator Date

C: Department Director  
Payroll  
Personnel File