



CITY OF CAMDEN MEDICAL LEAVE REQUEST FORM

TO: Timothy Cunningham, 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