

REQUEST FOR ADMINISTRATIVE LEAVE DUE TO NATURAL DISASTER

NAME OF EMPLOYEE: _____ EMP ID# _____

DEPARTMENT: _____

DATE EMPLOYEE RETURNED TO WORK (mm/dd/yyyy):

Please submit within 14 days after return-to-work

REQUESTED LEAVE DATES AND HOURS:

THE TYPE OF EMERGENCY THAT OCCURRED AND WHERE IT OCCURRED:

ACTION TAKEN TO RESOLVE EMERGENCY:

Depending on Adobe version user has, click the [sign icon](#) in top ribbon to sign electronically or print and sign manually



EMPLOYEE SIGNATURE

Forward to dept head after signing

DATE

REQUIRED APPROVALS

DEPT HEAD	YES	NO	HR DIRECTOR	YES	NO
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DEPARTMENT HEAD SIGNATURE

Forward to erahrclerks@spokanecity.org after signing

DATE

HUMAN RESOURCES DIRECTOR SIGNATURE

DATE

Copies to: **DEPARTMENT**
Employee and Dept. Head

HUMAN RESOURCES

PAYROLL