



CITY OF SUMNER
1104 Maple Street, Suite 140
Sumner, Washington 98390-1423
253.863.6384 – Fax: 253.891.3290

Sumner Police Department
Colleen Wilson, Chief

REQUESTION ON LEAVE OF ABSENCE

Employee _____ Date _____

Date/s Requested _____ Return to Work _____

No of Days Requested: Vacation _____ Sick _____ Family Illness _____

Holiday _____ Funeral Leave _____ Military Leave _____

Other _____ Explanation _____

Employee Signature _____

Approved/ Denied _____ Date _____ Reason for Denial _____

Supervisor's Signature _____

PHYSICIAN'S STATEMENT

Treatment Date/s _____

Date Released from Care _____ Date to Return to Work _____

I hereby certify that _____ was not able to work because
EMPLOYEE NAME

Please Print Physician Name, Address & Phone # _____

Physician's Signature _____ Date _____

Sumner Police Department Use Only

Approved/Denied _____ Date _____ Reason for Denial _____