

**REQUEST FOR LEAVE OF ABSENCE**

Name:

Date:

Job Title:

Department:

Supervisor:

Telephone No.:

**TYPE OF LEAVE REQUESTED:**

<input type="checkbox"/> PTO	<input type="checkbox"/> Comp time
<input type="checkbox"/> Education	Funeral - Relationship* _____
<input type="checkbox"/> Jury Duty	* <input type="checkbox"/> In State <input type="checkbox"/> Out of state
<input type="checkbox"/> Military	<input type="checkbox"/> FMLA (Family)
<input type="checkbox"/> Injury on the Job**	** <input type="checkbox"/> FMLA (Medical)
<input type="checkbox"/> Leave without Pay	(Attach required certification for FMLA Leave)
	<input type="checkbox"/> H1N1 Leave

I request a leave of absence from \_\_\_\_\_ to \_\_\_\_\_ total hours \_\_\_\_\_  
for the purpose of: Date From Date to

\_\_\_\_\_

I understand that prior to the leave, I must make arrangements to continue insurance coverage, if applicable.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Department Supervisor, County Administrator, Elected Official