



# Allegany County Employee Leave Request Form

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

Date: \_\_\_\_\_ Exempt:  Nonexempt:

I request leave from \_\_\_\_\_ to \_\_\_\_\_, a total of working hours: \_\_\_\_\_

## Type of Leave

- Vacation
- Sick Leave
- Disability
- Jury/Witness
- Military
- Bereavement
- Personal
- Family Medical
  - Intermittent
  - Reduced Schedule

## Reason

- Birth of my child.
- Placement of child for adopt/foster care.
- Serious Health Condition of my Spouse
- Serious Health Condition of my Parent
- My Own Serious Health Condition
- Death of \_\_\_\_\_
- Summons or Subpoena
- Written Call to Military Duty
- Injury on the Job
- Other (*specify below*)

Paid/Unpaid  Paid  
 Unpaid

Type of Request  Original  
 Extension

Address and phone number where I can be reached while on leave:

\_\_\_\_\_  
\_\_\_\_\_ Phone

Address

Other Pertinent Information: \_\_\_\_\_

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

Department Head Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Approval: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Finance Department

7/28/2009