

REQUEST FOR LEAVE OF ABSENCE

FORM H

Employee Name: _____ Date: _____

Leave Requested: Sick Funeral Vacation Court
 Military Leave Military, Long-Term Comp Time FMLA
 Disability Leave Disability Separation Unpaid Leave Personal Leave

Reason for Leave: _____

(Attach a copy of the subpoena, court order, military order, obituary, or physician's statement verifying the reason for leave.)

Beginning Date/Time of Leave: _____ Ending Date/Time of Leave: _____

TOTAL HOURS: _____

SICK LEAVE ONLY (give details of reason for sick leave usage):

Medical/Dental/Optical appointment of employee (date & time): _____

Illness of employee (state exact nature of illness): _____

Injury of employee (state exact nature of injury): _____

Medical appointment of family member (please state date & time of appointment and why your attendance was necessary:

Illness or injury of family member (please state nature of illness or injury and why your attendance was necessary:

Death of family member (state name & relationship of deceased): _____

_____ Date of death: _____ Date of funeral: _____

NUMBER OF HOURS OF SICK LEAVE REQUESTED (in 1/2 hour increments)

I certify all statements herein to be complete and true. Falsification is cause for discipline up to and including termination of employment.

Signature of Employee

ADMINISTRATIVE ACTION:

DEPARTMENT HEAD: Approved Not Approved

(Signature) _____

APPOINTING AUTHORITY: Approved Not Approved

(Signature) _____