



Allegany County Employee Extended Leave Request Form

Name: _____ Dept.: _____

Date: _____ Exempt: Nonexempt:

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

Type of Leave

Personal Leave of Absence without pay

Type of Request

Original

Extension

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

Phone

Address

Other Pertinent Information: _____

Please attach a letter of explanation for request.

Employee Signature: _____ Date: _____

Department Head Approval: _____ Date: _____

Human Resources Approval: _____ Date: _____

Commissioner Approval: _____ Date: _____

cc: Finance Department