



# 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

## Type of Request

☐ Personal Leave of Absence without pay

☐ Original

☐ Extension

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

\_\_\_\_\_

\_\_\_\_\_

Address

Phone

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

4/1/2024