



Allegany County Employee Leave Request Form

Name: _____ Dept.: _____

Date: _____ Exempt: ☐ Nonexempt: ☐

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

Type of Leave	Reason
<input type="checkbox"/> Vacation	<input type="checkbox"/> Birth of my child.
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Placement of child for adopt/foster care.
<input type="checkbox"/> Jury/Witness	<input type="checkbox"/> Serious Health Condition of my Spouse
<input type="checkbox"/> Military	<input type="checkbox"/> Serious Health Condition of my Parent
<input type="checkbox"/> Bereavement	<input type="checkbox"/> My Own Serious Health Condition
<input type="checkbox"/> Personal	<input type="checkbox"/> Death of _____
<input type="checkbox"/> Family Medical	<input type="checkbox"/> Summons or Subpoena
<input type="checkbox"/> Intermittent	<input type="checkbox"/> Written Call to Military Duty
<input type="checkbox"/> Reduced Schedule	<input type="checkbox"/> Injury on the Job
	<input type="checkbox"/> Other (specify below)

Paid/Unpaid ☐ Paid
☐ Unpaid

Type of Request ☐ Original
☐ Extension

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

Address

Phone

Other Pertinent Information: _____

Employee Signature: _____ Date: _____

Department Head Approval: _____ Date: _____

Human Resources Approval: _____ Date: _____

cc: Finance Department