



# Allegany County Employee Leave Request Form

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

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

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

<b>Type of Leave</b>	<b>Reason</b>
<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 <i>(specify below)</i>

Paid/Unpaid

Paid

Unpaid

Type of Request

Original

Extension

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

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Phone \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

cc: Finance Department