

Anderson County REQUEST FOR LEAVE

TYPE OF LEAVE	DURATION OF LEAVE
_____ Annual	I hereby apply for _____ hours of leave.
_____ Sick (may require doctor's statement)	This leave shall begin on _____
_____ Family Sick Leave *	at _____ a.m./p.m., and end on _____
_____ Funeral *	at _____ a.m./p.m.
_____ Administrative	
_____ Court	
_____ Military	
_____ Leave Without Pay *	
_____ Other *	
_____ Compensatory	

Note: Both dates must be in the same pay period. If this is not the case, use a separate application for each pay period.

Yes/No Possible qualifications under Family and Medical Leave Act

The purpose of this Form is to: (Check One)
 Apply for leave Void a leave form

* If taking LWOP or voiding a leave form, give reason. If taking family sick leave, indicate relationship. If taking funeral leave, give relationship of deceased. If taking other leave, please stipulate reason.

If applicable, I have sufficient leave to support this request, or have obtained prior approval for advance leave. I understand that deficit hours may result in leave without pay.

Employee's Name --- Please Print

Section Employed

Employee's Signature

Supervisor's Approval

Date

Date