



Leave of Absence Request Form

(To be Completed by Non-Exempt and Exempt Employees)

Exempt employees must use this form to report each absence of a half or full day.
** Please submit this form to the County Treasurer's Office on the date timesheets are due **

Name: _____ Date: _____

Department: _____ Employee ID#: _____

PLEASE SPECIFY NUMBER OF HOURS TO USE FROM EACH CATEGORY:

DATE REQUESTED	COMP USED	SICK LEAVE	VACATION	OTHER
DATE REQUESTED	COMP USED	SICK LEAVE	VACATION	OTHER

Description: _____

Employee Signature

Date

Supervisor Signature

Date

NOTE: This form should always be submitted to your supervisor in advance of taking any type of leave. However, if emergency circumstances arise, this form should be completed and submitted immediately upon the employee's return to work.