

REQUEST FOR
LEAVE OF ABSENCE
OR EXTENSION OF LEAVE OF ABSENCE

To be completed by Employee and returned to Department Head:

Employee's Name _____ Department _____

I hereby request a leave of absence as follows:

(1) Type of Leave Requested (check one):

_____ **Workers Compensation:** attach a blue sick leave documentation form.

_____ **Off-the-Job-Disability:** attach an application for the original claim or a blue sick leave documentation form for an extension of a disability leave

_____ **Personal for medical reasons (Non-FMLA):** attach a blue sick leave documentation form

_____ **Personal (non-medical):** explain reasons below

_____ **FMLA:** attach a family leave request form

(2) Duration of leave: from _____ to _____

(3) Check one: ___ Original leave request
 ___ Request for extension of leave

(4) Explain reasons for request of personal non-medical leave

Signature of Employee _____ Date _____

Please Note: You should not rely on your department or any other County representative to remind you that your leave is expiring and that you must request an extension of same or return to work. **It is your sole responsibility to request an extension.** You should contact your department, within one week of the end of your current leave of absence, to request an extension of your leave or to notify them of the date you will return to work. Failure to return to work or request an extension of this leave prior to the expiration of this leave will result in the termination of your employment.

This form to be completed by the employee and submitted to their Department Head. A completed form is then sent along with a 426 Report of Personnel Change to the Personnel Office.

Date received by department _____ Approved: _____ Disapproved: _____

Signature of Department Head _____ Date _____

Date received by Personnel Office _____ Approved: _____ Disapproved: _____

Signature of Personnel Officer _____ Date _____