

**LEVY COUNTY  
BOARD OF COUNTY COMMISSIONERS  
DEPARTMENT HEAD  
REQUEST FOR LEAVE**

Name of Department Head: \_\_\_\_\_

Date leave request submitted: \_\_\_\_\_

I request that I be granted \_\_\_\_\_ hours of leave, the number of hours listed does not include Saturdays, Sundays or Holidays.

Type of Leave Requested:

- ANNUAL LEAVE
- SICK LEAVE
- FAMILY SICK LEAVE
- ANNUAL LEAVE TO SUPPLEMENT INSUFFICIENT SICK LEAVE
- FLOATING HOLIDAY
- FUNERAL LEAVE
- OTHER \_\_\_\_\_

DATE(S) OF LEAVE: \_\_\_\_\_

REASON FOR LEAVE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE REQUESTING LEAVE

APPROVED: \_\_\_\_\_  
County Coordinator Signature

\_\_\_\_\_  
Date Approved

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**PLEASE NOTE:**

If absence is due to illness for more than 3 consecutive days, you may be required to furnish a Doctors certificate.