

**LEVY COUNTY COMMISSIONERS OFFICE
REQUEST FOR LEAVE**

Name of Employee: _____

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: _____

Department Head Signature

Date Approved

PLEASE NOTE:

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

Distribution:

- Original to payroll office at time of approval by department head
- One copy for your records
- One copy to be attached to timesheet submitted for dates/hours of leave