

**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

PLEASE NOTE:

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