

**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 certification.

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