

**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 sickleave documentation from primary care provider

\_\_\_\_\_ **Off-the-Job-Disability:** attach an application for the original claim or sickleave documentation from primary care provider for an extension of a disability leave

\_\_\_\_\_ **Personal for medical reasons (Non-FMLA):** attach sickleave documentation from primary care provider

\_\_\_\_\_ **Personal (non-medical):** explain reasons below

\_\_\_\_\_ **FMLA:** attach a completed 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:

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 should be completed by the employee and submitted to their Department Head who should send a copy with a 426 Report of Personnel Change form to the Personnel Office.**

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Date received by Department \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Signature of Department Head \_\_\_\_\_ Date \_\_\_\_\_

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Date received by Personnel Office \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Signature of Personnel Officer \_\_\_\_\_ Date \_\_\_\_\_