

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 a blue sick leave documentation form.

\_\_\_\_\_ **Off-the-Job-Disability:** attach an application for the original claim or a blue sick leave documentation form for an extension of a disability leave

\_\_\_\_\_ **Personal for medical reasons (Non-FMLA):** attach a blue sick leave documentation form

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

\_\_\_\_\_ **FMLA:** attach a 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 of personal non-medical leave

\_\_\_\_\_  
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 to be completed by the employee and submitted to their Department Head. A completed form is then sent along with a 426 Report of Personnel Change 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 \_\_\_\_\_