

# APPLICATION FOR LEAVE

MEDINA COUNTY

**Please Print All Information**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ HOME PHONE \_\_\_\_\_

## I Request Leave

BEGINNING \_\_\_\_\_ AM \_\_\_\_\_, 20 \_\_\_\_\_  
AND ENDING \_\_\_\_\_ PM \_\_\_\_\_, 20 \_\_\_\_\_

## For The Following Reason (check one)

- FAMILY & MEDICAL LEAVE (Employee must attach DOL Form WH-380)
- MILITARY LEAVE
- LEAVE OF ABSENCE

**\*\* PLEASE NOTE:** Additional documentation may be requested for any of the above purposes

Describe Reason For Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_

APPROVED  DISAPPROVED

\_\_\_\_\_  
Department Head/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED  DISAPPROVED

\_\_\_\_\_  
Appointing Authority Signature \_\_\_\_\_ Date \_\_\_\_\_

## HUMAN RESOURCES DEPARTMENT USE ONLY

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_