



EMPLOYEE LEAVE REQUEST

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Type of Leave:
 P/Maternity
 Medical
 Military Caregiver
 Jury Duty/Court
 Serious Family Illness\*
 FMLA
 Short term Disability
 Other \_\_\_\_\_

Date(s) of leave: \_\_\_\_\_ This leave will be  PAID  UNPAID

If paid, I would like to apply the following accrued time to this leave: \_\_\_ \*None as per Contract

\_\_\_\_\_ hours of Vacation Time \_\_\_\_\_ hours of Personal Time

\_\_\_\_\_ hours of Sick Time \_\_\_\_\_ hours of Comp Time

I understand that it is my responsibility to inform Putnam County of any changes to my leave as well as provide up-to-date documentation, when requested

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

For use by department/personnel

Date received: \_\_\_\_\_ Department Head Name: \_\_\_\_\_

Recommended for leave:  YES  NO

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

Date sent to personnel: \_\_\_\_\_ Date received in personnel: \_\_\_\_\_

Approved/Denied (please provide cause for denial): \_\_\_\_\_

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