WASHINGTON COUNTY
REQUEST FOR LEAVE FORM

Employee_____ Date_____

I am hereby requesting the following leave, reduced work schedule, and/or intermittent leave hours as follows:

☐ Annual Leave: For ☐ Vacation ☐ Tardy ☐ Other_____
☐ Sick Leave: For ☐ Personal Illness, Disability
☐ Medical Appointment Self
☐ Medical Appointment, Family
☐ Family Illness
☐ Death
☐ Maternity/Paternity

☐ Leave without pay _____
_____

☐ Comp Time
☐ Floating Holiday
☐ Jury Duty
☐ Workers' Compensation
☐ FMLA Requested (fill in bottom part of page if this block is checked)

Date(s) and/or time of leave requested from _____ to _____. Total number of hours requested _____.

_____ _____
Employee's Signature Supervisor or Department Head Signature

****

FMLA NOTIFICATION

Under the Family Medical Leave Act, eligible employees are entitled to 12 weeks of job-protected, unpaid leave during a 12 month period for one or more of the following reasons:

- Birth or adoption of a son or daughter of the employee or placement of a child with the employee for foster care
- Need for the employee to care for a spouse, child or parent with a serious health condition
- The employee's own serious health condition

The FMLA was amended to add Qualifying Exigency Leave and Military Caregiver leave. More information on FMLA leave can be found on page 45 in the Personnel Policy.

****

EXPLANATION

In order that the department be able to plan for and distribute your workload during the time requested to be on leave days, reduced hour work schedule, and/or intermittent leave, it is imperative that you explain in detail and give specific information, below, concerning the requested work hours and/or time absent from work. (If additional space is needed, use back of form)

_____
_____
_____
_____