# MORGAN COUNTY
# REQUEST FOR LEAVE

**OFFICE/DEPT**._____

NAME: _____

**LEAVE REQUESTED**:

DATE(S) OF ABSENCE:

DATE:_____TIME_____UNTIL_____HRS._____TYPE LEAVE_____

DATE _____TIME_____UNTIL_____HRS._____TYPE LEAVE_____

DATE:_____TIME_____UNTIL_____HRS._____TYPE LEAVE_____

DATE:_____TIME_____UNTIL_____HRS._____TYPE LEAVE_____

DATE:_____TIME_____UNTIL_____HRS._____TYPE LEAVE_____

DATE:_____TIME_____UNTIL_____HRS._____TYPE LEAVE_____

DATE:_____TIME_____UNTIL_____HRS._____TYPE LEAVE_____

DATE_____ TIME_____UNTIL_____HRS._____TYPE LEAVE_____

DATE_____ TIME_____UNTIL_____HRS._____TYPE LEAVE_____

DATE_____ TIME_____UNTIL_____HRS._____TYPE LEAVE_____

TOTAL HOURS ABSENT_____

PAY PERIOD ENDING DATE:_____*leave must be taken in this pay period.

EMPLOYEE SIGNATURE:_____DATE:_____

DATE:

**ELECTED OFF./DEPT. HEAD**

RECEIVED BY_____(HUMAN RESOURCES)

DATE:_____

## NOTE:

**LEAVE TYPES: ANNUAL-SICK-MILITARY-PERSONAL**
**LEAVE WITHOUT PAY=LWOP**
**OTHER: MISC.-GIVE EXPLANATION**
**NOTE: BEREAVEMENT IS SICK LEAVE**