



Allegany County Employee Leave of Absence Request Form

Name: _____ Dept.: _____

Date: _____ Exempt: Nonexempt:

I request leave from _____ to _____, a total of working hours: _____

Type of Leave

Personal Leave of Absence without pay

Type of Request:

Original

Extension

Address and phone number where I can be reached while on leave:

Phone

Address

Other Pertinent Information: _____

Please attach a letter of explanation for request.

Employee Signature: _____ Date: _____

*Department Head Approval: _____ Date: _____

*Human Resources Approval: _____ Date: _____

Commissioner Approval: _____ Date: _____

cc: Finance Department

*** This does not mean leave is approved.**

**** Leave of Absence without pay requires Commissioner Approval, and, if applicable a signed agreement to pay health care premiums.**