

# APPLICATION FOR LEAVE

MEDINA COUNTY

**Please Print All Information**

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

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

**I Request Leave**

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

EmployeeSignature \_\_\_\_\_

APPROVED  DISAPPROVED

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

\_\_\_\_\_  
Date

APPROVED  DISAPPROVED

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

\_\_\_\_\_  
Date

**HUMAN RESOURCES DEPARTMENT USE ONLY**

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