



Location Code \_\_\_\_\_

**WORK/LEAVE REQUEST FORM**
**NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_  
 FIRST MIDDLE LAST OPTIONAL

<b>HOURS WORKED OR LEAVE TAKEN FROM PREVIOUS PAYPERIOD, BUT NOT REPORTED</b>	DATE						
	HOURS						
	TYPE						

**TYPE OF LEAVE REQUESTED***NOTE: This section is to be completed for approval of all leave taken—paid and unpaid.*

You may be eligible to apply for job protection under the Family and Medical Leave Act. FMLA provides up to 13 weeks of non-paid leave that can be used in conjunction with certain types of paid or unpaid leave (see below). Whether in paid or non-paid status, the County's portion of your health care premiums are paid for you during the time you are out on approved FMLA.

Leave—Eligible to Be Used in Conjunction with FMLA If FMLA, use code in ( )				Leave—Not Eligible to Be Used in Conjunction with FMLA		This Section to be Completed ONLY if You Have Income Protection (short-term) Benefit—Check Applicable Boxes																										
<input type="checkbox"/>	ANNUAL	10 (70)	<input type="checkbox"/>	CIVIL	81	<input type="checkbox"/> I choose to use my paid leave (as I have requested to the left) instead of going on LWOP & receiving an Income Protection benefit. <input type="checkbox"/> I am requesting to use the following type(s) of leave before I am placed on LWOP & begin receiving my Income Protection benefit. I wish to be placed on LWOP beginning _____ (specify beginning date) until I return to work. My waiting period is: <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 6 weeks <table border="1"> <thead> <tr> <th>HOURS</th><th>TYPE</th><th>HOURS</th><th>TYPE</th><th>TOTAL HRS</th></tr> </thead> <tbody> <tr> <td></td><td>ANNUAL</td><td></td><td>SICK</td><td rowspan="4">TOTAL HOURS I WILL BE OUT OF WORK = _____</td></tr> <tr> <td></td><td>COMP</td><td></td><td>HOLIDAY</td></tr> <tr> <td></td><td>EXT LV</td><td></td><td>LWOP</td></tr> <tr> <td></td><td>ADMIN</td><td></td><td></td></tr> </tbody> </table>					HOURS	TYPE	HOURS	TYPE	TOTAL HRS		ANNUAL		SICK	TOTAL HOURS I WILL BE OUT OF WORK = _____		COMP		HOLIDAY		EXT LV		LWOP		ADMIN		
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	ADMIN																															
<input type="checkbox"/>	ADOPTION	90 (78)	<input type="checkbox"/>	CONFERENCE	85																											
<input type="checkbox"/>	SICK—PERSONAL	20 (71)	<input type="checkbox"/>	BEREAVEMENT	80																											
<input type="checkbox"/>	SICK—FAMILY	21 (72)	<input type="checkbox"/>	EDUCATIONAL	84																											
<input type="checkbox"/>	FLOATING HOLIDAY	30 (73)	<input type="checkbox"/>	IN-SERVICE TRAINING	82																											
<input type="checkbox"/>	EXTENDED LEAVE POOL	22 (76)	<input type="checkbox"/>	MILITARY	83																											
<input type="checkbox"/>	INJURY	61 (77)	<input type="checkbox"/>	OTHER (Please Specify)																												
<input type="checkbox"/>	WORKER'S COMPENSATION	60 (75)																														
<input type="checkbox"/>	COMPENSATORY	40 (7C)																														
<input type="checkbox"/>	LWOP	86 (74)																														
<input type="checkbox"/>	DOCK (w/o pay for <5 days)	88 (74)																														
<input type="checkbox"/>	ADMINISTRATIVE	93 (7A)																														
<b>Beginning</b>		DATE:	TIME:	<b>TOTAL HOURS:</b>	<b>REASON FOR REQUEST:</b>	I understand that this leave will be reviewed for FMLA.																										
<b>Ending</b>		DATE:	TIME:																													

**WORK ABOVE STANDARD HOURS***NOTE: This section is to be completed for approval of all hours worked over standard hours.*

DAY	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL
DATE															
HOURS															

<b>OT Summary</b>	R10	R20	R21													<b>Total Hours of Compensatory Leave Earned (L41)</b>
<b>Total Hours OT Worked</b>																

**CHECK APPLICABLE BOX**
 I am requesting this leave under the FMLA. I understand that I must have my health care provider complete a FMLA certification form and fax/mail to my supervisor. This is my first request for this condition.

 This leave request is for previously approved FMLA leave.  
 Requesting leave approval—not under the FMLA.  
 Requesting approval for work done above standard hours.

I understand that "Falsification of personnel records, time records or any other County and employee record or report" is grounds for dismissal from County employment. Personnel Rules and Regulation Section 14.3-E, 9. Omission of entries is considered falsification.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ACTION TAKEN BY AGENCY—INCLUDING APPROPRIATE SIGNATURES**
 Approved  Disapproved  Leave Not Eligible for FMLA

 Approved  Disapproved

SUPERVISOR \_\_\_\_\_

DATE \_\_\_\_\_

AGENCY HEAD \_\_\_\_\_

DATE \_\_\_\_\_