

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 _____

