

HART COUNTY LEAVE REQUEST

I request that I be granted:

_____ Civil Leave (Supporting documentation)

_____ Military Leave
(Supporting documentation)

_____ Compensatory Leave

_____ Personal Leave

_____ Funeral Leave (Relationship)

_____ Sick Leave

_____ Leave without pay

_____ Vacation Leave

_____ FMLA (Family&Medical Leave)

for _____ days _____ hours. Starting at _____ on _____
(Time) (Date)

and ending at _____ on _____
(Time) (Date)

Print Employee Name

(Signature of Employee)

(Date Requested)

(Approved by: Signature of Department Head)

(Date)

(Approved by: Signature of County Administrator)

(Date)