MIAMI COUNTY
PERSONNEL POLICY MANUAL

REQUEST FOR LEAVE	**FORM 7** **PAGE 1 OF 1**

Employee Name:_____ Date:_____

Leave Requested: ☐ Sick ☐ Funeral ☐ Military Leave with Pay
☐ Vacation ☐ Military, Long-term ☐ Court
☐ Disability Separation ☐ Compensatory Time ☐ I do request FMLA
☐ Leave of Absence without Pay

Reason for Leave: _____

_____

(Attach a copy of the subpoena, court order, military order, obituary, or physician's statement verifying reason for leave.)

Beginning Date/Time of Leave:_____, 20____(a.m./p.m.)
Ending Date/Time of Leave:_____, 20____(a.m./p.m.) TOTAL HOURS:_____

SICK LEAVE ONLY (give details of reason for sick leave usage):

☐ Medical/Dental/Optical appointment of employee (date and time): _____

☐ Illness of employee (state exact nature of illness): _____

☐ Injury of employee (state exact nature of injury): _____

☐ Medical appointment of family member (please state date & time of appointment and why your presence was necessary):_____

_____

☐ Illness or injury of family member (please state nature of illness or injury and why your presence was necessary):_____

_____

☐ Death of family member (state name and relationship of deceased): _____

_____ Date of death:_____Date of funeral: _____

Number of hours of sick leave requested [minimum amount of one-quarter (.25) hour]: _____

I certify all statements herein to be complete and true and that the leave requested is in full compliance with the Employer's policy. I understand that falsification is cause for discipline up to and including termination of employment. I understand that insufficient leave balances will result in rescission of approval and that it is my responsibility to ensure that leave balances are adequate.

_____ _____
Employee Signature Date

ADMINISTRATIVE ACTION

Supervisor: ☐ Recommended ☐ Not Recommended _____ _____
Signature Date

Department Head: ☐ Recommended ☐ Not Recommended _____ _____
Signature Date

Appointing Authority: ☐ Approved ☐ Not Approved _____ _____
Signature Date