

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY	FORM 8 PAGE 1 OF 1
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Employee Name: _____ Date: _____

I request Leave of Absence Without Pay for the following reason:

Beginning date of leave: _____

Ending date of leave: _____

Total hours of leave requested: _____

I certify all statements herein to be complete and true. Falsification is cause for discipline up to and including termination of employment.

Signature of Employee

ADMINISTRATIVE ACTION

Department Head: Approved Not Approved

Signature

Date

Appointing Authority: Approved Not Approved

Signature

Date