



# DOUGLAS COUNTY EMPLOYEE'S APPLICATION FOR LEAVE

EMPLOYEE'S NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DAYS/HRS REQUESTED: \_\_\_\_\_

TYPE OF LEAVE:      ANNUAL                       SICK                       COMP   
                                  FAMILY SICK       INJURY LEAVE       ADMINISTRATIVE   
                                  FMLA       LEAVE W/O PAY                       MILITARY

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

DATES OF REQUESTED ABSENCE:

<u>DATE</u>	<u>TIME</u>	<u>DATE</u>	<u>TIME</u>
_____	_____	_____	_____

REQUESTED BY: \_\_\_\_\_  
Employee's Signature

APPROVED BY: \_\_\_\_\_  
Supervisor's Signature

APPROVED BY: \_\_\_\_\_  
Department Head's Signature



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