



# Roosevelt County Administration Office

## Leave Request Form

### Leave Information

Employee Name	
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Office or Department	
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Elected Official or Department Head	
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Type of Absence Requested (Please choose the relevant reason)

- Sick
- Bereavement
- Time Off Without Pay
- Comp Time
- Civic Duty
- Vacation
- Military and or Reserves
- Others - Please Specify: Voting / FMLA

Dates of Absence	From:	To:
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Hours taken if not in full day increments:

Reasons for Absence:

You must seek approvals for leaves, other than sick leave, 2 days prior to your first day of absence

_____ Employee Signature	Date:
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### Manager/Supervisor Approval

- Approved
- Rejected

Comments:

_____ Elected Official or Department Head Signature	Date:
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