



Leave of Absence Request Form

Date of Request: _____

Employee Name: _____

Employee ID #: _____

Department: _____

Type of Leave:

Family and Medical Leave

Leave of Absence (non FMLA)

Military Leave

Date Leave to Begin: _____

Expected Duration of Leave: _____

(When the length of absence is unknown or cannot be determined, employees should generally request leave in one-month increments.)

Employees are expected to follow the appropriate leave policies as described in the Bulloch County Personnel Policy Manual and to complete any additional forms including medical certification forms as appropriate.

Employee's Signature: _____

Department Head Approval: _____