

Request for Leave/Compensatory Time Form
Delaware County Board of Developmental Disabilities

Employee

I request hour(s) leave Department

Beginning on (date) at

Ending on (date) at

SICK LEAVE/FAMILY AND MEDICAL LEAVE (charged to sick leave)

- Employee incapacitated by illness or injury
- Medical, dental or optical appointment
- Required to care for family member (explain relationship and reason)

Explain

OTHER LEAVE

Personal Leave

- Personal Leave (deducted from sick leave)
- Death of a Family Member (deducted from sick leave, maximum 5 days)

Relationship

VACATION

- Vacation leave

COMPENSATORY TIME

earned Hour(s) used Hour(s)

PUBLIC DUTY

Duty performed

UNPAID LEAVE (all sick and vacation must be exhausted before unpaid FMLA)

Explain

Policy: All absences other than illness/injury must be approved in advance . The Superintendent may require a physician's statement for extended/frequent absence due to illness, injury, or medical treatment. Leave may be taken in quarter hour increments.

Employee Signature: Date

Supervisor's Signature: Date