



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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