	DOUGLAS COUNTY EMPLOYEE'S			
DOUGLAS COUNTY	APPLICATION FOR LEAVE			
EMPLOYEE'S NAME:	DATE OF REQUEST:			
DEPARTMENT:_		DAY	S/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>
PEOUESTED BV		-		
	Employee's Signature			
APPROVED BY:	Supervisor's Signature			
APPROVED BY: _		Department Head	's Signature	
<u> </u>	DOU	JGLAS COUNT	Y EMPLOYEE'S	
DOUGLAS COUNTY		JGLAS COUNT APPLICATION		
DOUGLIS COUNTY STATE PROPERTY AND STATE ST		APPLICATION		
EMPLOYEE'S NAME: _ DEPARTMENT: _		APPLICATION	FOR LEAVE	
-		APPLICATION	FOR LEAVE DATE OF REQUEST:	
DEPARTMENT: _		APPLICATION	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP	
DEPARTMENT: _	ANNUAL	APPLICATION DAY SICK	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP	
DEPARTMENT: _ TYPE OF LEAVE:	ANNUAL FAMILY SICK	APPLICATION DAY SICK INJURY LEAVE LEAVE W/O PAY	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP ADMINISTRATIVE MILITARY	
DEPARTMENT: _ TYPE OF LEAVE:	ANNUAL FAMILY SICK FMLA	APPLICATION DAY SICK INJURY LEAVE LEAVE W/O PAY	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP ADMINISTRATIVE MILITARY	
DEPARTMENT: _ TYPE OF LEAVE:	ANNUAL FAMILY SICK FMLA	APPLICATION DAY SICK INJURY LEAVE LEAVE W/O PAY	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP ADMINISTRATIVE MILITARY	
DEPARTMENT: _ TYPE OF LEAVE: REMARKS: _	ANNUAL FAMILY SICK FMLA	APPLICATION DAY SICK INJURY LEAVE LEAVE W/O PAY	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP ADMINISTRATIVE MILITARY	TIME
DEPARTMENT: _ TYPE OF LEAVE: REMARKS: _ DATES OF REQUESTE	ANNUAL	APPLICATION DAY SICK INJURY LEAVE LEAVE W/O PAY TIME	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP ADMINISTRATIVE MILITARY	TIME
DEPARTMENT: _ TYPE OF LEAVE: REMARKS: _ DATES OF REQUESTE	ANNUAL FAMILY SICK FMLA	APPLICATION DAY SICK INJURY LEAVE LEAVE W/O PAY TIME	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP ADMINISTRATIVE MILITARY DATE	TIME
DEPARTMENT: _ TYPE OF LEAVE: REMARKS: _ DATES OF REQUESTE REQUESTED BY: _	ANNUAL	APPLICATION DAY SICK INJURY LEAVE LEAVE W/O PAY TIME Employee's S	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP ADMINISTRATIVE MILITARY DATE Signature	TIME
DEPARTMENT: _ TYPE OF LEAVE: REMARKS: _ DATES OF REQUESTE REQUESTED BY: _ APPROVED BY: _	ANNUAL	APPLICATION DAY SICK INJURY LEAVE LEAVE W/O PAY TIME Employee's S Supervisor's S	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP ADMINISTRATIVE MILITARY DATE Signature	TIME
DEPARTMENT: _ TYPE OF LEAVE: REMARKS: _ DATES OF REQUESTE REQUESTED BY: _ APPROVED BY: _	ANNUAL	APPLICATION DAY SICK INJURY LEAVE LEAVE W/O PAY TIME Employee's S Supervisor's S	FOR LEAVE DATE OF REQUEST: S/HRS REQUESTED: COMP ADMINISTRATIVE MILITARY DATE Signature Signature	TIME