



**WEBSTER COUNTY**

**LEAVE OF ABSENCE REQUEST**

Employee Name \_\_\_\_\_

Department \_\_\_\_\_ FT  PT  Temp

Position \_\_\_\_\_ Hire Date \_\_\_\_\_

**TYPE OF LEAVE:**       FMLA / Medical       Personal       Military       Other

If FMLA (Family / Medical Leave Act), I am requesting leave for the following reason:

- The birth, adoption or foster care of a child
- In order to care for an immediate family member with a serious health condition  
*Circle one:    Child    Spouse    Parent*
- Employee's own serious health condition

**Reason for Requested Leave:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERIOD OF LEAVE:**      First day of leave \_\_\_\_\_      Expected return date \_\_\_\_\_

**Pay during Approved Leave:**

- Unpaid: No accrued leave used. Applicable deductions must be paid to HR on the first of each month.
- Full or Partially Paid: Please use the following hours of accrued leave during my absence. This will be used to cover any applicable deductions.

| <b>Bank</b>      | <b>Available Balance</b> | <b>Amount to Use During Period of Leave</b> | <b>Comments</b> |
|------------------|--------------------------|---|-----------------|
| <i>Sick</i>      |                          |   |                 |
| <i>Vacation</i>  |                          |   |                 |
| <i>Comp Time</i> |                          |   |                 |
| <i>Holiday</i>   |                          |   |                 |

I understand that Webster County may require that I use all accrued paid leave prior to granting unpaid leave. I will be responsible to pay for all benefit premiums while on any approved leave of absence. If premiums are not paid, insurance may be cancelled for non-payment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dept. Head / Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_