

# PORTAGE COUNTY REQUEST FOR LEAVE

Request Date: \_\_\_\_\_

Department: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

I request leave beginning at:

\_\_\_\_\_ ☐ a.m. / ☐ p.m. on \_\_\_\_\_, 20\_\_\_\_, through

\_\_\_\_\_ ☐ a.m. / ☐ p.m. on \_\_\_\_\_, 20\_\_\_\_ for the following reason(s):

☐ Medical, dental or optical exam or treatment

☐ Personal illness or injury

☐ Serious illness or injury in immediate family – Family member: \_\_\_\_\_

☐ Death of \_\_\_\_\_ on \_\_\_\_\_

☐ Vacation

☐ Personal Leave

☐ FMLA – Type of leave requested:

☐ Sick ☐ Vacation ☐ Personal ☐ LWOP

☐ Military: ☐ with pay ☐ without pay

☐ Court:

☐ Court Duty ☐ Jury Duty; Subpoena issued by \_\_\_\_\_ Court on \_\_\_\_\_

☐ Leave without pay \_\_\_\_\_

☐ Other (explain): \_\_\_\_\_

**FOR COMMISSIONER DEPARTMENTS ONLY:**

Does this leave affect a leadership meeting? ☐ Yes ☐ No

Weekly meeting? ☐ Yes ☐ No

Total Hours: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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## Administrative Action

☐ Approved

☐ Not Approved

☐ Approved

☐ Not Approved

☐ Approved

☐ Not Approved

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Director

\_\_\_\_\_  
County Administrator

Remarks:

\_\_\_\_\_  
Appointing Authority

\_\_\_\_\_  
Appointing Authority