

VOLUNTARY LEAVE OF ABSENCE REQUEST FORM

Employee Name: _____ Date: _____

Employee Division/Department: _____

I am **voluntarily** requesting a leave of absence in the form of the following (Check One):
(may request up to five days)

___ **Block of Five Consecutive Days:**

Indicate Dates _____

___ **Individual Day(s) off:**

Indicate Date(s) _____

****Prior approval of at least one week is required unless otherwise specified by the supervisor****

Supervisor's Recommendation: ___ Approved ___ Not Approved

[If approved, supervisor must provide Payroll with a copy of the completed form.]

Supervisor's Comments/Concerns/Stipulations on the Approval:

1. _____
2. _____
3. _____
4. _____

Employee's Representations:

- I have read and understand the guidelines set forth by the County regarding the Voluntary Leave of Absence program.
- I accept the above voluntary days off and the conditions outlined by my Supervisor.
- I understand that the County can cancel this arrangement at any time and for any reason.
- I also agree to adjust my working hours when requested to do so by my supervisor or when otherwise necessary to carry out the duties I have been assigned.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Division Director's Signature: _____ Date: _____