

## Application for Leave

Name \_\_\_\_\_

Department \_\_\_\_\_

### Type of Leave Requested:

- ☐ Annual ☐ Personal Sick
- ☐ Family Sick ☐ Flex Time/Compensatory
- ☐ Court ☐ Leave Without Pay
- ☐ Administrative (Documentation Required for All Administrative Leave)
- ☐ Military Duty (17 Days per year or 30 days per year for Florida National Guard)
- ☐ Death (3 Days); Relationship of Deceased: \_\_\_\_\_
- ☐ Disability (In Conjunction with Worker's Compensation)
- ☐ Other (explain below)

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### Leave Requested for:

Date(s): \_\_\_\_\_

Day(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

- Personal Sick: Personal illness, injury or exposure to contagious disease. Appointment with doctor, dentist or recognized practitioner that was not possible during off duty hours.
- Family Sick: Illness or injury of a member of my immediate family as defined as my spouse, grandparents, parents, brother, sister, children and grandchildren or my spouse and myself.

Employee Signature

\_\_\_\_\_ Date \_\_\_\_\_

(for office use only)

Supervisor Signature

\_\_\_\_\_ Date \_\_\_\_\_

- ☐ Approve ☐ Disapprove