

Application for Leave

□ 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) □ Date(s): □ Day(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 □ Dat	Name	
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for office use only) Supervisor Signature	Employee Signature	
Supervisor SignatureDate		Date
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Date	(for office use only) Supervisor Signature	
☐ Approve ☐ Disapprove		Date
	□ Approve	□ Disapprove