



**Commissioners**

Marilyn Brown  
 Paula Brooks  
 John O'Grady

**FRANKLIN COUNTY BOARD OF COMMISSIONERS  
 REQUEST FOR LEAVE**

NAME (Print)					
Last		First		Date	
DEPARTMENT					
	AM	PM	Month	Day	Year
Leave Beginning					
Leave Ending					
Check One	EXPLANATION				
	Medical, Dental, or Optical Examination or Treatment				
	Personal Illness or Injury				
	Serious Illness or Injury in Immediate Family				
	Bereavement Death of _____ on _____				
	Vacation				
	Military Leave: _____ With Pay _____ Without Pay				
	Leave Without Pay Status				
	Administrative/Comp Time				
	Other (Explain)				
	FMLA (Please attach required documentation if not previously submitted)				
	Total Hours				
<b>Employee Signature</b>					
ADMINISTRATIVE ACTION					
	Recommended			Approved	
	Not Recommended			Disapproved	
				Requires Doctor's Excuse	
<b>Supervisor Signature</b>			<b>Approving Authority Signature</b>		
<b>Additional Remarks:</b>					