



LAMPASAS COUNTY, TEXAS

REQUEST FOR LEAVE OF ABSENCE

For HR Use Only
Date Rcvd: _____
Rcvd
By: _____ Hrs.
Verified: _____

Name (Last)	(First)	(MI)
Department	Job Title	
First Date of Requested Leave	Last Day of Leave	Total Hours Requested (not less than .5 hr):

I am requesting a Leave of Absence using the following category:
(additional documentation is required, see Human Resources for further information)

LEAVE TIME REQUESTED:

Type of Time Requested	Available hours	Total Hours Requested	Total Hours Remaining
Medical Leave (occupational Injury) {Policy #7.1}			0
Family Medical Leave (FMLA) {Policy #9.2}			0
Military Family Medical (MFLA) {Policy #7.6}			0
Military Leave {Policy #7.6}			0
Sick Leave Pool {Policy #7.5}			0

Employee Signature	Date
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Department Use Only:

Department Head Signature	Date
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Request Approved Request Disapproved

Policy Review Use Only:

Human Resources, reviewed and agree per County Policy	Date
Payroll, reviewed and agree per County Policy	Date

1. Employee and Department Head must sign and date form, and keep copies.
2. Return Original for to the Human Resources Department.