

# HURON COUNTY REQUEST FOR LEAVE FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employing Unit: \_\_\_\_\_

I request leave beginning \_\_\_\_\_ a.m./p.m., \_\_\_\_\_ 20\_\_\_\_\_,  
and ending \_\_\_\_\_ a.m./p.m., \_\_\_\_\_ 20\_\_\_\_\_.  
for the following reason:

**CHECK ONE:**

\_\_\_\_\_ Sick Leave or Bereavement Leave (Check one of "A" through "D" below)  
A. \_\_\_\_\_ Medical, Dental, Or Optical Examination or Treatment  
B. \_\_\_\_\_ Personal Illness Or Injury \_\_\_\_\_  
(Nature of Illness/Injury)  
C. \_\_\_\_\_ Serious Illness Or Injury In  
Immediate Family \_\_\_\_\_  
(Family Member)  
D. \_\_\_\_\_ Death Of \_\_\_\_\_ On \_\_\_\_\_  
(Name/Relationship)

\_\_\_\_\_ Vacation  
\_\_\_\_\_ Compensatory Time  
\_\_\_\_\_ Court \_\_\_\_\_ Court Duty \_\_\_\_\_ Jury Duty Subpoena issued by \_\_\_\_\_ (Court) \_\_\_\_\_  
\_\_\_\_\_ Military \_\_\_\_\_ With Pay \_\_\_\_\_ Without Pay  
\_\_\_\_\_ Family & Medical Leave (Check one of "A" through "C" below)

A. \_\_\_\_\_ Birth and/or care of newborn child, or care of adopted or foster child  
B. \_\_\_\_\_ Personal serious health condition  
C. \_\_\_\_\_ To care for spouse, child, parent, or one who stood in for a parent  
(circle one) due to a serous health condition.  
\_\_\_\_\_ Leave Without Pay (Explain) \_\_\_\_\_  
\_\_\_\_\_ Other (Explain) \_\_\_\_\_

\_\_\_\_\_ Date Submitted \_\_\_\_\_ Employee Signature \_\_\_\_\_

NOTE: Attach any medical documentation which will support your absence.