

County of Gloucester  
Human Resources Manual

<b>CHAPTER:</b>	<b>6 - LEAVE TIME</b>	<b>ADOPTED: 3/7/06</b>
<b>SECTION:</b>	<b>1 – INTRODUCTION TO PAID AND UNPAID LEAVE</b>	<b>REVISED: 5/22/24</b>

**EXHIBIT A – LEAVE REQUEST**

**DEPARTMENT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please refer to the respective Human Resources policy and any applicable union contract when requesting leave. If you choose to cancel a request, write the word "CANCEL" across the entire form and resubmit to your payroll point person.

	<i>Date(s)/Time Requested</i>	<i>Total Amount of Time</i>
<b>Administrative/Personnel</b>	_____	_____
<b>Vacation</b>	_____	_____
<b>Bereavement</b>	_____	_____
<i>Employee's relationship to the Deceased:</i>	_____	
<b>Sick</b>	_____	_____
<b>Leave Without Pay</b>	_____	_____
<b>Furlough</b>	_____	_____
<b>Other: Specify</b> _____	_____	_____
<b>Compensatory Time</b>	_____	_____
<i>Date comp time earned:</i> _____		

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DEPARTMENT HEAD/DESIGNEE: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Department Payroll Received (Initials): \_\_\_\_\_ Date: \_\_\_\_\_

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\*Reason given for call-out by the employee: