

County of Gloucester
Human Resources Manual

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

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.

Date(s)/Time Requested

Total Amount of Time

Administrative/Personnel _____ _____

Vacation _____ _____

Bereavement _____ _____

Employee's relationship to the Deceased: _____

Sick _____ _____

Leave Without Pay _____ _____

Furlough _____ _____

Other: Specify _____ _____

Compensatory Time _____ _____

Date comp time earned: _____

DEPARTMENT HEAD/DESIGNEE: _____ **APPROVED** _____ **DISAPPROVED**

Comments/Notes: _____

_____ **Date:** _____
(Signature)

Department Payroll Received (Initials): _____ **Date:** _____

*Reason given for call-out by the employee: