

CLARENDON COUNTY

APPLICATION FOR LEAVE

Employee - Please read the instructions on the back of this form.

1. Name (Print or type - Last, First, M.I.)			2. Employee Number:		
3. Department Name	4A. Month From:	Day	Year	4C. Total Number of Hours Requested	
5. I hereby request : <input type="checkbox"/> Vacation Leave. (Use only time that is available) <input type="checkbox"/> Sick Leave. <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Military <input type="checkbox"/> Other (Specify in Block #6.)	4B. Month To:	Day	Year	6. Remarks:	
	4D. Month Return	Day	Year		
	7. Employee's Signature			8. Date (Month, Day, Year)	

OFFICIAL ACTION ON APPLICATION

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason) (If time is not available, reschedule)	Supervisor/Department Head Signature	Date (Month, Day, Year)
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HUMAN RESOURCE DEPARTMENT USE ONLY:

- Above employee's request has been reviewed and has the accumulated hours for vacation/sick leave.
- Above employee's request has been reviewed and does not have the accumulated hours for vacation/sick leave.
Hours showing on th ecounty records are _____.
- Above employee's request will be processed per Federal, State laws or Clarendon County Ordinance.

Payroll/Benefits Coordinator Signature	Date: (Month,Day, Year)
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