

**ATHENS COUNTY BOARD OF COMMISSIONERS
PERSONNEL POLICY AND PROCEDURES MANUAL**

REQUEST FOR LEAVE OF ABSENCE

**FORM A-4
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Employee Name: _____ Date _____

LEAVE REQUESTED: Sick Funeral Vacation Jury Military Leave
 Military, Long-Term Personal Leave Disability Leave
 Disability Separation Unpaid Leave Compensatory Time

Signature of Executive Director or Designed _____ Date _____

Reason for Leave: _____

(Attach a copy of the subpoena, court order, military order, or physician's statement verifying the reason for leave.)

Beginning Date of Leave: _____ Ending Date of Leave: _____

Beginning Time of Leave: _____ Ending Time of Leave: _____

TOTAL HOURS: _____

REASON FOR REQUEST OF SICK LEAVE (to be completed by employee upon return from absence):

1. Medical, Dental, Optical appointment¹
2. Personal Illness: _____
(state exact nature of illness)

3. Personal Injury² _____
(state exact nature of injury)

Where did injury occur? _____

When did injury occur? _____

Will this injury affect your ability to perform any of your required duties?

Yes No

4. Illness or injury in immediate family: _____

A. Briefly state why it was necessary for you to attend to this family member:

B. Did you take this family member to a medical practitioner or a hospital?³

Yes No

¹A statement from the practitioner stating the time you were there and the reason for your appointment must be attached. IF YOU SOUGHT MEDICAL ATTENTION FOR AN ILLNESS OR INJURY, YOU MUST ATTACH THE PHYSICIAN'S STATEMENT NO MATTER HOW LONG THE ABSENCE.

²If injury extends for three (3) or more days, a statement from your physician must be attached stating the exact nature of your injury, when you may be reasonably expected to return to work, and what restrictions, if any, your physician recommends.

