



ATTENTION: THIS FORM SHOULD BE COMPLETELY FILLED OUT AND SUBMITTED TO THE PAYROLL OFFICE WITH TIMESHEET. SALARIED EMPLOYEES ARE ONLY REQUIRED TO TURN IN THE LEAVE REQUEST FORM. EMPLOYEE LEAVE BALANCE CAN BE DETERMINED FROM THE MOST RECENT PAY STUB.

DATE: 03/27/2023

RE: Frisbie, Lydia
Employee Last Name, First, Middle

DEPARTMENT: Human Resources

DIVISION/AGENCY: Butts County BOC

DEPT HEAD NAME: Ellen Glidewell

INSTRUCTIONS

1. This form must be submitted for any absence from scheduled work.
2. Separate forms are to be submitted for each type of leave required.
3. This form must be submitted prior to the leave requested except in case of illness or emergency.
4. Approval of the requested leave is not granted until all required signatures are affixed to this form.
5. Employees must report to their supervisor/department head within the timeframes established by their department to report any absence that has not been previously approved. Failure to do so may result in the loss of leave benefits and/or adverse action.
6. Leave taken is classified as Personal Leave or Family Medical Leave Act and is governed by County Policies. If Family Medical Leave Act is being taken, additional forms are required. See Human Resources Generalist.
7. Falsification of either a written, signed statement or physician's certificate shall be grounds for adverse action.

Employee Comments if Applicable

Requesting off for vacation the week of
04/10/2023 through 04/14/2023 .

Entered in Payroll System on: ____/____/____

By: _____
Human Resources Generalist

APPLICATION FOR LEAVE

CHECK ALL FIELDS THAT APPLY

- ☒ Personal Leave Requested Hours Available: 63.50
- ☐ Frozen Sick Leave Requested Hours Available: _____
- ☐ Unpaid Leave Requested
- ☐ Military Leave Requested (See Human Resources)
- ☐ Family Medical Leave Act Requested *
- ☐ Bereavement Leave Requested **
- ☐ Other (Please state in Employee Comments)

* Employees are not eligible for Family Medical Leave Act until they have worked at least 12 months or 1250 hours prior to the request for FMLA. Upon eligibility, employees may use up to 12 weeks of FMLA if necessary within a 12-month period. Employees are not eligible for FMLA again within the same 12-month period if leave is used up. Example: If an employee goes out on FMLA leave on March 1st and is out for 12 weeks, the employee does not become eligible for FMLA again until March 1st of the following year.

** Bereavement leave is available to full time employees who otherwise are eligible for full leave benefits. Effective August 6, 2018, up to three days of paid bereavement leave may be taken for the death of an employee's immediate family- father, mother, (or parent-in-law) sister, brother, grandparent or grandchild, spouse, daughter, son or legal guardian.. Other leave needed shall require use of personal leave if available or unpaid leave if not available.

Employee Certification

I, the undersigned employee, declare that the personal data provided in this application is true, correct and complete to the best of my knowledge and belief. I understand that false data shall be grounds for adverse action including dismissal. I further understand that I cannot be paid for leave if I am absent in excess of accrued leave time.

Leave Request & Timeframe

I hereby request 40 hours of leave as checked above.

Beginning Date: 04/10/2023

Ending Date: 04/14/2023

(1) Employee Signature

(2) Approval: Department Head, Elected or Constitutional Officer

(3) County Administrator Signature (If a County Department Head Applying)

Date of Final Approval: ____/____/____