

**LUZERNE COUNTY**  
**REQUEST FOR LEAVE**

EMPLOYEE'S NAME: \_\_\_\_\_

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

TYPE OF LEAVE/HOURS:  
(CHECK ONE)

VACATION: \_\_\_\_\_

SICK: \_\_\_\_\_

PERSONAL: \_\_\_\_\_

COMP TIME: \_\_\_\_\_

OTHER: \_\_\_\_\_  
(EXPLAIN)

BEREAVEMENT: \_\_\_\_\_

OTHER LEAVE TYPES: (ADMIN., MILITARY): EXPLAIN/REMARKS:

DATES OF LEAVE: \_\_\_\_\_

DATE OF RETURN: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

PAID LEAVE: \_\_\_\_\_

UNPAID LEAVE: \_\_\_\_\_

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_  
(JUSTIFY IN REMARKS SECTION ABOVE)

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZING SIGNATURE

\_\_\_\_\_  
DATE