# PINAL COUNTY

## APPLICATION FOR 160 HOUR SINGLE PERIOD LEAVE

(Personnel Policy 7.3 – Revised September 12, 2007)

Name: _____

Identification Number:_____ Department:_____

Leave Option Requested: (Check the one that applies)

____ 160 hours Single Period Leave

____ 80 hours compensation, 80 hours Single Period Leave

____ 40 hours compensation, 120 hours Single Period Leave

Dates Leave Requested - From: _____ To:_____

Date of Last Single Period Leave (if any): _____

_____

Department Director/Elected Official Approval Date

---------- ***(HR Use Only)*** ----------

Verification of Full-Time Years of Service:

Official Start Date: _____

Number of Years: _____ As Of: _____

Verified By: _____ Date: _____

Last Verified Leave: _____ Next Leave Eligibility:_____

_____

Human Resources Director Approval Date

*** Application must be submitted to Human Resources for approval before single period leave is taken.**

**CC: Payroll**
**Employee**
**Employee File**
**Employee Department**