

PINAL COUNTY REQUEST FOR LEAVE

EMPLOYEE NAME:	DEPARTMENT:	 <p style="text-align: center;">PINAL COUNTY REQUEST FOR LEAVE</p>
SUPERVISOR NAME:	DATE:	

TYPE OF LEAVE:	PAY
<i>With Pay:</i>	
Compensatory	40
Vacation	20
Sick	30
Jury Duty	83
Witness Duty	82
Military Duty	84
<i>Without Pay:</i>	
Sick:	
FMLA:	
Other	

DATES		TOTAL	TYPE OF LEAVE
From:	Through:	Hours:	

I hereby request that leave be granted in the amount indicated. By my signature, I certify I am aware that any leave with pay, if approved, will be deducted from my accumulated leave balances. If for sick leave, I certify that such leave was taken in accordance with Pinal County Personnel Policy 7.50

Employee Signature _____

APPROVAL: _____ <i>Immediate Supervisor (Print)</i> _____ <i>Immediate Supervisor (Signature)</i>	_____ <i>Elected Official / County Manager / Assistant County Manager / Department Head (Print)</i> _____ <i>Elected Official / County Manager / Assistant County Manager / Department Head (Signature)</i>
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This form must be completed for all categories of leave as shown above. The approved form as signed by the immediate supervisor or Elected Official / County Manager / Assistant County Manager / Department Head must be retained within the department for a minimum of three years.