


Pinal County Request for Leave

EMPLOYEE NAME:	DEPARTMENT:	 PINAL COUNTY REQUEST FOR LEAVE
SUPERVISOR NAME:	DATE:	

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

DATES		TOTAL	TYPE OF LEAVE
<i>From:</i>	<i>Through:</i>	<i>Hours:</i>	

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.