



JEFFERSON COUNTY LEAVE REQUEST FORM

NAME: _____ DATE: _____

DEPARTMENT: _____

Date(s) for requested leave:

Start Date: _____ End Date: _____ Total hours: _____

Regular day(s) off if not Saturday and Sunday: _____

I hereby request (please check all that apply):

- Worker's Comp**
- Unpaid time away**
- Bereavement**
- Jury Duty**
- Vacation time (if available)**
- Comp time (if available)**
- Admin leave (if applicable)**
- Other protected leave:** _____
- Sick Leave for:** **Self** **Child** **Other family member** _____

** If your absence is due to a medical condition lasting more than 3 days' contact HR at hr@co.jefferson.or.us** (Relationship to Employee)

Is this leave protected under OFLA, FMLA or other protected leave program, including a collective bargaining agreement? YES or NO If YES, list program: _____

COMMENTS

Employee Signature: _____ Date: _____

- Approved
- Denied If denied, why? _____

Supervisor: _____ Date: _____