

C O L U M B U S C O U N T Y

EMPLOYEE REQUEST FOR LEAVE

DEPARTMENT:

DATE:

NAME:

CLASSIFICATION OF LEAVE:

Vacation

Sick Leave

Petty Leave

Time Period Covered by this Request: From:

To:

Justification of Leave (if requested):

EMPLOYEE SIGNATURE: _____

LEAVE APPROVAL:

DEPARTMENT HEAD

COUNTY MANAGER

NOTE:

This form is to be completed prior to taking Vacation Time or Petty Leave. In the case of Sick Leave, this form must be completed on the same day employee returns to work.