

Johnson county Board of Services

Employee Leave Request

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Indicate type of leave requested;

\_\_\_\_\_ Vacation

\_\_\_\_\_ Jury Duty

\_\_\_\_\_ Sick/Personal

\_\_\_\_\_ Leave of Absence

\_\_\_\_\_ Bereavement

\_\_\_\_\_ Military Leave

With pay \_\_\_\_\_

Or

Without pay \_\_\_\_\_

Date(s) of Leave: \_\_\_\_\_

Total of Hours: \_\_\_\_\_

If you have arranged coverage, please note here and have the staff member filling in for you sign to verify.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

Reason \_\_\_\_\_

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Date

**ATTACH A COPY OF THIS REQUEST AND ANY OTHER NECESSARY PAPERWORK TO YOUR TIME SHEET FOR CORRESPONDING PAY PERIOD. IF REQUEST IS NOT ATTACHED, PAYMENT WITH NOT BE MADE.**