

Personnel Form (LA-1)
PERSONNEL BOARD OF HOUSTON COUNTY
Leave of Absence

REQUEST FOR LEAVE OF ABSENCE

Name _____ Social Security Number _____

Department _____ Classification _____

I hereby request an unpaid Leave of Absence from _____ to _____
Date

_____ of the following type:
Date

- Medical** (Submit statement from your physician which includes the diagnosis, confirmation that the condition(s) render you unable to perform your job duties, and the probable period of incapacitation.)
- Personal** (State Reason) _____
 - Career Development (explain benefit to County) _____
 - Assistance to another governmental agency
 - To care for child, parent, spouse, etc.
 - Other (provide explanation) _____
- Military** (Attach required documentation)
- FMLA** – I understand that this leave *will* *will not* count toward any leave which is provided under the Family Medical Leave Act.

Employee Signature

Date

Approved _____
Authorized Signature

Date

Not Approved _____
Authorized Signature

Date