

**BELMONT COUNTY COMMISSIONERS
REQUEST FOR PAID SICK LEAVE**

Name (print): _____

Today's Date: _____

I request _____ hours of leave

Beginning Date: _____ from _____ AM to _____ PM

Ending Date: _____ from _____ AM to _____ PM

CHECK ONE:

The employee's personal:

___ Illness

___ Doctor Appointment

___ Injury (non-work related)

___ Exposure to contagious disease with could be communicated to other employees.

Or the employee's immediate family due to:

___ Illness/Injury

___ Doctor Appointment

___ Death

****You MAY be required to provide detail to justify this request****

I hereby declare that the Personal data provided in this application is true, correct, and complete to the best of my knowledge and belief. I fully understand that a false entry shall be grounds for disciplinary action including dismissal.

I also understand that I may be required to complete an "Application for Leave of Absence" form should I need to be off exceeding three (3) consecutive days or for a FMLA qualifying event/condition. Please contact the HR Department.

Employee Signature

RECORD FOR OFFICIAL USE ONLY

Administrative Action:

Recommended Approved

Not recommended Denied

Immediate Supervisor: _____

Date: _____

Appointing Authority: _____

Date: _____

Remarks:

DATE APPROVED _____

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