



# Chester County Employee

## Application for Leave

**TO BE COMPLETED BY EMPLOYEE:** (Please type or print)

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

Department: \_\_\_\_\_ Department Number \_\_\_\_\_

### Indicate Type of Leave Requested:

#### Requires Departmental Approval Only

- \_\_\_\_\_ Annual Leave (Up to 30 days in one year)
- \_\_\_\_\_ Family Sick Leave
- \_\_\_\_\_ Personal Leave Without Pay (less than 10 days)
- \_\_\_\_\_ Court Leave
- \_\_\_\_\_ Death in Family
- \_\_\_\_\_ Sick Leave (less than 10 days)
- \_\_\_\_\_ Retain in Department Files

#### Requires Department and HR Approval

- \_\_\_\_\_ Adoptive Leave \*
  - \_\_\_\_\_ Annual Leave (over 30 days)
  - \_\_\_\_\_ Personal Leave without Pay (over 10 days duration)
  - \_\_\_\_\_ Military Leave \*
  - \_\_\_\_\_ Other \_\_\_\_\_
- Forward copies Human Resources ' Benefits Office, along with appropriate attachments.

From \_\_\_\_\_ Time \_\_\_\_\_ To: \_\_\_\_\_ Time: \_\_\_\_\_ Total Hours \_\_\_\_\_

Brief Explanation of Leave Request \_\_\_\_\_

Attach additional sheet if necessary. \_\_\_\_\_ Check here if additional sheet attached.

Signature of Employee (Sign Original in blue ink)

\_\_\_\_\_ Date

\*Attach a copy of the adoption papers or letter from attorney or adoption agency. Attach a copy of military orders.

#### TO BE COMPLETED BY DEPARTMENT:

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Comments or Reason for Denial: \_\_\_\_\_

Signature of Department Head (Sign original in blue ink)

\_\_\_\_\_ Date \_\_\_\_\_

#### TO BE COMPLETED BY HUMAN RESOURCES:

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Comments or Reason for Denial: \_\_\_\_\_

Authorized Human Resources Signature (Sign original in blue ink)

\_\_\_\_\_ Date \_\_\_\_\_