

# APACHE COUNTY LEAVE REQUEST

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

I am requesting to take (circle one):

VACATION      SICK      PERSONAL      COMP TIME

I will be out of the office during the following times:

From date \_\_\_\_\_ time \_\_\_\_\_ through date \_\_\_\_\_ time \_\_\_\_\_

I anticipate using #\_\_\_\_\_ of hours.

**A minimum of 24 hours notice will be required for vacation requests. Emergencies will have highest priority.**

APPROVED

DECLINED

Supervisor Signature: \_\_\_\_\_

APPROVED

DECLINED

Elected Official/Chief Deputy Signature: \_\_\_\_\_

**3.11            Vacation Policy:**

**The purpose of vacation leave is to enable employees to take time off & return to work mentally refreshed.**

**3.13 (B)        Vacation Usage Policy:**

**Vacation leave may be taken any time with the approval of the Elected Official or Department Head.**

**3.26            Use of sick leave Policy:**

**In order to receive compensation while absent on sick leave, an employee shall notify his/her immediate supervisor within two hours after the beginning of his/her shift. The employee shall make a reasonable effort to notify the supervisor well in advance of any foreseeable treatment or doctor's appointment.**