



Madison County
EMPLOYEE LEAVE REQUEST FORM

Employee Name: _____ Date: _____

Department: _____ Supervisor: _____

REASON FOR LEAVE

- Annual Leave Civil Leave (Jury Duty) Military Leave
- Bereavement Family Medical Leave Unpaid Leave
- Other _____

LEAVE REQUESTED

From: _____ to _____ Total Hours Requested: _____

Other:

Employee Signature: _____ Date: _____

SUPERVISOR USE ONLY

Comments:

Approved by:
Supervisor Signature: _____ Date: _____