



COUNTY OF NEWBERRY

State of South Carolina

Application for Leave

Name of Applicant _____

Department _____

Date _____

I hereby apply for

of

leave commencing at

am pm

and Ending at

Date _____

am pm

Date _____

Supervisor Signature

Applicant's Signature

Important Notice : If applying for leave under the Family and Medical Leave Act of 1993 (FMLA) you must do so on FMLA leave forms that are available from the Human Relations/Risk Mgt Dept.

THIS SECTION IS FOR DEPARTMENT HEADS

The following will accept responsibility for operations of my department:

I will be will not be out of beeper range

I can not be reached by phone

I can be reached at phone

Administrator's Approval:

Approved _____

Administrators signature

Date

Payroll Use Only

Pay Period _____

HR/RM INITIALS _____