

# SEVIER COUNTY SHERIFF'S OFFICE

## Application for Leave Form

Shift: C

**NAME**

First: \_\_\_\_\_ Middle \_\_\_\_\_ Last: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Organizational Unit: \_\_\_\_\_

**FROM**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Hour: \_\_\_\_\_

**TO**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Hour: \_\_\_\_\_

Total Hours: \_\_\_\_\_

I hereby request the following (If more than one selected, explain in remarks section).

\_\_\_\_\_ Annual Leave

\_\_\_\_\_ Sick Leave

\_\_\_\_\_ Leave Without Pay

\_\_\_\_\_ Compensatory Time

\_\_\_\_\_ Other (Specify in Remarks)

**REMARKS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL ACTION ON APPLICATION**

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

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