



County of Franklin Request for Leave

Name:		Employee No:	
Dept:		Supervisor:	
Date Began:		Date Ended:	
		(Please check one)	
# of Working Hours Used		Type of Leave Requested	Compensatory
			Annual
			Sick
			Other*
		*Specify Type:	
Employee Signature:		Date:	
Approved as requested by:		Date:	
Request Denied:		Reason:	
Dept Head:		Date:	