

Leave Without Pay Request

Name _____

Department _____ Division: _____

I am requesting Leave without Pay for a total of _____ hours, beginning _____ and ending _____.

The reason(s) for my request is:

Within this fiscal year, I have earned _____ hours of vacation leave and used _____ hours of the leave.

Within this fiscal year, I have earned _____ hours of sick leave and used _____ hours of the leave.

I understand that while on Leave without Pay, I do not accrue vacation leave or sick leave; that I do not contribute to the NC Local Government Retirement System, nor does the County; that this time will not count towards my years of service; and, that I am responsible for payment of all health, dental and supplemental insurances on a pro rata basis while on leave without pay.

Employee Signature and Date

Request is Approved Denied

County Manager Signature and Date