



GREENE COUNTY, GEORGIA

LEAVE REQUEST FORM

EMPLOYEE NAME: _____

DEPARTMENT: _____

I request that I be granted:

_____ Annual Leave

_____ Military Leave

_____ Sick Leave

_____ Civil Leave

_____ Compensatory Time

_____ Educational Leave

_____ Temporary Disability Leave

_____ Funeral Leave

_____ Leave Without Pay

_____ Holiday Leave

Hours: _____

Date(s):

From: _____

To: _____

Employee Signature: _____

Approved: _____

Department Head

Approved: _____

County Manager

Comments: _____
