



WAKULLA BOARD OF COUNTY COMMISSIONERS

Notice of Employee Absence

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Total Leave Hours Requested: \_\_\_\_\_

Employee's Identification Number: \_\_\_\_\_ Position: \_\_\_\_\_

Pay Period Beginning: \_\_\_\_\_ Pay Period Ending: \_\_\_\_\_

<i>Date of Absence</i>	<i>From:</i>	<i>A.M./P.M.</i>	<i>Date of Return</i>	<i>To:</i>	<i>A.M./P.M.</i>	<i>Total Number of Hours</i>	<i>Type of Absence ENTER CODE NUMBER</i>

TYPE OF ABSENCE CODE:

- |                        |                               |
|------------------------|-------------------------------|
| (1) ANNUAL LEAVE**     | (5) APPROVED LEAVE W/O PAY    |
| (2) SICK LEAVE         | (6) DISAPPROVED LEAVE W/O PAY |
| (3) COMPENSATORY LEAVE | (7) WORKERS' COMP/DISABILITY  |
| (4) OTHER LEAVE*       | (8) ADMINISTRATIVE LEAVE      |

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Director's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\*COMMENTS: \_\_\_\_\_

\*\*Annual Leave should be requested and approved PRIOR to the actual date(s) of leave\*\*

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Request donation of sick leave hours from my account

To: \_\_\_\_\_ in the amount of \_\_\_\_\_ hours.  
(Name and Employee Number)

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

Sick leave donation approval: \_\_\_\_\_

Wakulla County Administrator

Human Resource Director: \_\_\_\_\_