



Request for Leave of Absence

Weakley County Government

Name _____ Location _____

E-mail _____ Phone _____

Briefly describe the type of leave requested: _____

Leave Information

Give the beginning and end dates for the requested leave.

(Day before return date)

Leave Begins: _____ Leave Ends: _____

Has a claim been filed with worker's compensation? _____ Yes _____ No

If yes, check below how you wish your payroll to be handled.

- I elect to be paid solely by Worker's Comp. For each month I do not receive a check from Weakley County Schools, I agree to write a personal check to cover any and all deductions.
- I elect to be paid solely by Weakley County through payment of accrued leave. If accrued leave is exhausted, I agree to write a personal check to cover any and all deductions for each month I do not receive a check.
- I elect to receive payment from Worker's Comp and to be paid by Weakley County one-third of my salary by using accrue leave. If accrued leave is exhausted, I agree to write a personal check to cover any and all deductions for each month I do not receive a check.

Do you intend to return to the position from which leave is granted at the end of the requested leave period? Yes _____ No _____

Signature of Employee

Date

Signature of Supervisor

Date