



**MORGAN COUNTY
ADMINISTRATION
REQUEST FOR LEAVE WITHOUT PAY**

Please schedule leave without pay as far in advance as is possible. Requests for leave without pay may be denied at the discretion of the supervisor.

Today's Date: _____

Employee Name: _____

Date Begin Leave: _____

Date Return to Work: _____

Reason for Leave Without Pay: _____

Total Number of Work Hours Covered by Leave Without Pay: _____

Employee's Signature: _____

Supervisor's Action: Approval _____ Denial _____

Supervisor's Signature: _____

Date: _____

State Reason for Denial: _____

Note to Supervisor: Send original and one copy (after approval or denial) to Payroll Office.

Retain copy (after approval or denial) for your records