



CULLMAN COUNTY COMMISSION

Leave Request Form

Employee Name: _____ Date: _____

Department: _____ Employee Number: _____

Date(s) Requested: _____

Annual Leave _____

Sick Leave _____

Personal Leave _____

Other – Specify _____

It is requested that you provided an explanation for the use of all sick leave.

Employee Signature: _____

Supervisor Signature: _____

Department Head Signature: _____