



CULLMAN COUNTY COMMISSION

LEAVE OF ABSENCE REQUEST FORM

Employee Name: _____ Department: _____

Social Security Number: _____

I request a leave of absence for the period and reason indicated:

To begin: _____

To end: _____

Reason: _____

I understand this leave of absence is subject to the following conditions:

- (1) I will return to work on the first day after this leave period expires (or sooner), unless I have made other arrangements with Cullman County and have provided medical certification of my ability to return to work (if applicable).
 - (2) If this leave of absence is unpaid, I agree to pay Cullman County for my portion of any health and supplemental benefits that I receive.
 - (3) I will be reinstated to my former position, or a similar one, unless conditions have so changed that neither my former position nor a similar one can be offered to me without presenting an undue hardship on Cullman County.
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Employee Signature: _____ Date: _____

Approved by:

Supervisor's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

Elected Official Signature: _____ Date: _____

Elected Official Signature: _____ Date: _____

Elected Official Signature: _____ Date: _____