



**KANAWHA COUNTY
PROSECUTING ATTORNEY'S OFFICE
APPLICATION FOR LEAVE WITH PAY**

NAME:	Payroll Admin Use Only
DEPARTMENT:	Date Received:
<p>I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE:</p> <p style="text-align: center;"> _____ Hours Annual _____ Hours Sick _____ Hours Military _____ Hours Sick (Immediate Family) _____ Hours Jury Service _____ Hours Bereavement </p>	
<p>PERIOD OF LEAVE:</p> <p> FROM Date _____ _____ TO Date _____ _____ </p>	
<p>EMPLOYEE SIGNATURE: _____ APPLICATION DATE: _____</p>	
<p style="text-align: center;"> IMMEDIATE SUPERVISOR SIGNATURE: _____ DATE: _____ </p> <p style="text-align: left; margin-left: 20px;"> Approved Disapproved </p>	