



**KANAWHA COUNTY COMMISSION
APPLICATION FOR LEAVE WITH PAY**

NAME:	Payroll Admin. Use Only
DEPARTMENT:	Date Received:
I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE:	
_____ Hours Annual	_____ Hours Sick
_____ Hours Military	_____ Hours Sick (Immediate Family)
_____ Hours Jury Service	_____ Hours Bereavement
PERIOD OF LEAVE:	
FROM Date _____	_____
TO Date: _____	_____
EMPLOYEE SIGNATURE:	APPLICATION DATE:
<input type="radio"/> Approved IMMEDIATE SUPERVISOR SIGNATURE: <input type="radio"/> Disapproved	DATE:
REMARKS (In addition to any pertinent remarks, please also use this space to note relationship if using sick leave for a family member's illness or bereavement leave.):	

- ☆ A Physician's/Practitioner's Statement is required after 3 consecutive working days of sick leave.
- ☆ A maximum of 3 days of bereavement leave may be used per calendar year for deaths in the employee's immediate family.
- ☆ When jury service leave or military leave is used, you must submit copies of the appropriate summons or military orders.