



**DINWIDDIE COUNTY
LEAVE REQUEST FORM**

Return to Dinwiddie County Payroll

Phone: (804) 469-4500 x 2145

Fax: (804) 469-4503

PLEASE TYPE OR PRINT CLEARLY

EMPLOYEE'S NAME: _____

Dept: _____

Date		Time		Type of Leave / Hours					Total Hrs	Notes
From	To	From	To	Annual	Sick	Comp	Holiday ¹	Other ²		
12/14/2014	12/14/2014	8:30 AM	5:00 PM	4	4				8	Sample

Employee Signature

Date

Supervisor Signature

Date

Approved

Not Approved

Personnel Office: Date Posted: _____

By: _____

¹ Holiday Leave is only for Public Safety.

² For other leave types see County Personnel Manual