

**ALAN BRUBAKER, P.E., P.S. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summit County Engineer**

Application for Leave

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | **SWINDELL, HEIDI E** | DATE: | **1/31/20** |
|  | (Print last, first, middle initial) |  |  |

|  |
| --- |
| I hereby apply for 1  of the following type of leave |
| beginning | 1/30/20 | and ending | 1/30/20 |

Sick Leave [x]  may be requested in no less than15-minute increments.

|  |
| --- |
| The following types of leave must be requested in no less than one-hour increments:Vacation [ ]  Leave of Absence [ ]  Compensatory Time [ ]  Military Leave [ ]  Jury Duty [ ]  Personal [ ]  Other: [ ]  **(*Explain)***       |

[ ]  Undergoing medical, dental or other treatment or incapacitated by illness or injury

|  |  |
| --- | --- |
| Examination |  |
|  |  (description of illness or injury) |
| Death of Member of my Family |  |
|  | (name and relationship) |
| Required to care for member of my family |  |
|  |  (name and relationship) |
| Reasons: |  |
|  |
| Required to be absent because of exposure to contagious disease (explain circumstances) |
|  |
|  |

## CERTIFICATION BY PHYSICIAN

I hereby certify that I am a duly qualified practitioner of medicine and that the use of sick leave described above is justified, in my opinion, and that the person involved was under my professional care and has been released to return to work on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

|  |  |  |  |
| --- | --- | --- | --- |
| (signature of attending physician) | (address) | (telephone) | (date) |
|  |

I [ ]  (am ) [ ]  (am not) available for overtime call out after my regularly scheduled shift and prior to my above scheduled leave.

I [ ]  (am ) [ ]  (am not) available for overtime call out during my above scheduled leave.

I [ ]  (am) [ ]  (am not) available for overtime call out following my above scheduled leave and prior to my next regularly scheduled shift.

|  |  |
| --- | --- |
| **Explain** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Employee |  |
|  |  | Date |  |
|  |  |  |  |
|  |  | Supervisor |  |
| Approved [ ]  | Disapproved [ ]  | Date |  |
|  |  |  |  |
|  |  | Admin. Head |  |
| Approved [ ]  | Disapproved [ ]  | Date |  |
|  |  |  |  |
|  |  | Personnel Director |  |
| Approved [ ]  | Disapproved [ ]  | Date |  |
|  |  |  |  |
| NOTE: Requires approval of each supervisory level. In the case of sick leave, approvals are contingent upon required documentation. |