

Hays County Employee Absence Statement

Employees: Must receive written approval from their supervisor in advance. Leave request forms must be submitted at least 30 days in advance of foreseeable events. For unforeseeable events, leave request forms should be submitted as soon as possible.

Employee Name: _____ Date: _____

Department: _____

FMLA leave taken on an intermittent or reduced basis must be approved by the employee's supervisor in advance.

Leave to begin: _____ Date: _____ Time: _____

Leave to end: _____ Date: _____ Time: _____

Reason for leave:

Type of Leave: () Vacation () Sick () Comp Time () Emergency () Military
() Leave without Pay () FMLA () Worker's Comp Injury () Other _____

Employee Signature: _____ Date: _____

Leave is: () Approved () Disapproved

Supervisor Signature: _____ Date: _____

In order for us to determine whether your absence qualifies as FMLA leave, you must return supporting documents to Hays County Humana Resources within 15 days from the date of the request. Once we obtain the information from you, we will inform you, within 5 business days, whether your leave will be designated as FMLA. Leave designated as FMLA leave will need to be noted on your timesheet as follows: FMLA Sick, FMLA Vacation, FMLA Comp or FMLA LWOP.

Received by: _____ Date: _____
Hays County Human Resources