



# CULLMAN COUNTY COMMISSION

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## Leave Request Form

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Annual Leave \_\_\_\_\_

Sick Leave \_\_\_\_\_

Personal Leave \_\_\_\_\_

Other – Specify \_\_\_\_\_

It is requested that you provided an explanation for the use of all sick leave.

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Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_