

Personnel Form (LA-1)  
PERSONNEL BOARD OF HOUSTON COUNTY  
Leave of Absence

**REQUEST FOR LEAVE OF ABSENCE**

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

I hereby request a Leave of Absence from \_\_\_\_\_ to \_\_\_\_\_  
Date

\_\_\_\_\_ of the following type:  
Date

- Medical** (Submit statement from your physician which includes the diagnosis, confirmation that the condition(s) render you unable to perform your job duties, and the probable period of incapacitation.)
- Personal** (State Reason) \_\_\_\_\_
  - Career Development (explain benefit to County) \_\_\_\_\_
  - Assistance to another governmental agency
  - Care for child, parent, spouse, etc.
  - Other (must be approved by Personnel Board)
- Military** (Attach required documentation)
- FMLA** – I understand that this leave will count toward any leave which is provided under the Family Medical Leave Act.

*\*Time will be paid out in the following order unless communicated to payroll otherwise:  
**Sick, Comp, Annual***

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

\_\_\_\_\_  
Date

**Approved**

**Not Approved**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Employee Contact Information**

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**EMERGENCY CONTACT**

*This person is authorized to speak on your behalf regarding benefits*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_