

COUNTY ROAD COMMISSION
APPLICATION FOR FAMILY OR MEDICAL LEAVE

Note: Upon completion, this form should be submitted to the Managing Director.

Name:	Department:
Current Address:	
City:	Zip:
Start Date of Anticipated Leave:	
Expected Date of Return to Work:	
Reason for Leave (Explain):	

NOTE: A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician.

I hereby authorize the Road Commission to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family and medical leave.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the Road Commission.

Signature: _____ Date: _____

APPROVED BY: _____, Managing Director