



# ALEXANDER COUNTY LEAVE WITHOUT PAY REQUEST FORM

*(Maximum of 60 days at a time will be allowed, not to exceed six months)*

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Job Title: \_\_\_\_\_

Time Requested up to 60 days: \_\_\_\_\_

Type of Request:  Continual  Intermittent  Extension

**Reason for Request:** Please fully explain. If reason is due to a medical condition, medical must accompany this form. Please state if FMLA paperwork is in place.

---

---

---

---

---

---

**County Manager Approval:**  Approved  Not Approved

**Comments / Explanation of Non-approval:** \_\_\_\_\_

---

---

---

\_\_\_\_\_  
(Employee Signature) (Date)

\_\_\_\_\_  
(Department Head Signature) (Date)

\_\_\_\_\_  
(County Manager or Human Resources Director) (Date)

***\*Form must be returned to Human Resources before LWOP is activated\****