

WESTCHESTER COUNTY PERSONNEL OFFICE

**REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY
(SUBMIT IN TRIPLICATE)**

TO _____
(Department Head)

I respectfully request a leave of absence without pay from my present position of _____
at \$ _____ for a period of _____ to be effective on _____
for the following reasons:

DATE _____
(Employee Signature)

This confirms our agreement to grant the above request for a leave of absence without pay, from
_____ to _____

DATE _____
(Appointing Authority Signature)

SPACE BELOW: FOR PERSONNEL OFFICE USE ONLY

Civil Service Status:

Approved () Disapproved ()

*Conditional Approval ()

*This leave will become void under the following circumstances

1. The department has the need to fill the position:
2. An eligible list for title is established during the leave period; or
3. No position is available for appointment.

Personnel Signature

Date