



MURRAY COUNTY COMMISSONER'S OFFICE

P.O. Box 1129 * 121 North 4th Ave. Chatsworth, Ga. 30705

Telephone 706-517-1400 * Fax 706-517-5193

www.murraycountyga.org

LEAVE REQUEST

NAME: _____

DATE: _____

DEPARTMENT: # 3500 - FIRE DEPARTMENT

I REQUEST THE NUMBER OF HOURS OFF, OF ANNUAL, SICK OR OTHER TIME AS INDICATED BELOW:

_____ hours Vacation Leave

_____ hours Sick leave

_____ hours other (explain)

Date leave begins

Date returning to work

Signature of Employee

Date Signed

Signature of Supervisor

Date Signed

Approved: ____ Yes ____ No

Signature of Department Head

Date Signed

Approved: ____ Yes ____ No

*Note: You must request Vacation leave 5 days in advance of day off and Sick leave when you return to work. A leave request may be denied if 2 employees are already off on the same day. Also, if someone calls out sick you may be called to come back to work.