

**BEE COUNTY, TEXAS
APPLICATION FOR SICK LEAVE/VACATION LEAVE**

NAME: _____

DATE: _____

DEPARTMENT: _____

TITLE: _____

I hereby request approval to be absent from work as indicated below:

Period of absence: From: _____ am/pm _____ (Date) to
_____ am/pm _____ (Date)

VACATION _____ HRS SICK LEAVE _____ HRS OTHER _____ HRS
Type: (Funeral, Comp., Jury
Duty, Other: Explain below)

Remarks: _____

I understand that Vacation or Sick Leave taken in excess of the amount earned and available may result in a deduction from my pay. Check reason below:

_____ The Sick Leave requested above is due to my personal illness and/or medical appointment.

_____ The illness and/or medical appointment of an immediate member of my family required my presence.

_____ Funeral due to death of _____ (Relationship to Employee)

Signature of Applicant

Department Head

Date Approved

1. Attach copy of this form to the timesheet(s) when submitting to the Human Resources Department.

2. Sick Leave will first be drawn from the Sick Leave accrued. Excessive Sick Leave over the amount accrued will automatically be deducted from Comp. Time (if available) and finally from Vacation Leave accrued. Negative balances will not be allowed and will result in a reduction in pay.