

ELKO COUNTY

LEAVE OF ABSENCE AUTHORIZATION FORM

This form must be filled out by any employee requesting a Leave of Absence. Forms are available in Human Resources.

- 1) Name of Employee: _____
- 2) Dates of Leave: _____
- 3) Purpose of Leave: Check Below and give brief reason
 - Paid Leave _____
 - _____
 - Unpaid Leave _____
 - _____

Note: Under Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA), acquiring genetic information concerning an employee or the employee's family members is prohibited. As a result, this notice is being provided to ask that you do not provide any genetic information when responding to this request for medical information. Genetic information may include family medical history and/or results of a genetic test for you or your family.

I, the undersigned employee of Elko County, am requesting a leave of absence and hereby state that it is my intention to return to work at Elko County at the end of this leave.

Signature of Employee

Date _____

Approved Denied With Pay Without Pay

Approving authorities:

_____ Supervisor/Department Head

_____ County Manager or Designee

_____ Board of Commissioners

Comments: _____

Signature of Approving Authority

Date _____