

IOWA COUNTY EMPLOYEE LEAVE REQUEST SHORT FORM

Name (please print) _____

Dates Requested: _____

MTO Medical Leave Bank Traditional Sick Leave Compensatory Time

Might this leave qualify under the County's Medical Leave Bank or Family & Medical Leave Policy? No Yes

*If answer is Yes; a FMLA / Non-FMLA Leave Request Form must be completed and approved by Employee Relations.

Employee Signature: _____ Date Submitted ____/____/____

This portion filled out by Manager.

Approved Denied Comments: _____

Signature _____ Date: _____