

Horry County
Human Resources Department
Risk Management
1301 Second Avenue
Conway, SC 29526



Post Office Box 997
Conway, SC 29528-0296
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LEAVE OF ABSENCE REQUEST FORM
(INCLUDES FMLA REQUESTS)

NAME _____

ADDRESS _____

EMPLOYEE NUMBER _____ DEPARTMENT _____

POSITION _____ DATE OF HIRE _____

I AM REQUESTING A LEAVE OF ABSENCE FROM MY JOB FOR THE FOLLOWING DATES:

Beginning _____ and ending _____

I AM REQUESTING A LEAVE OF ABSENCE FOR THE FOLLOWING REASON:

Birth of a child _____ Expected date of birth _____

Adoption of child _____ Expected date of child's arrival _____

Placement of foster child _____ Date foster care to begin _____

My own serious health condition _____

Due to the serious health condition of my spouse _____, child _____ or parent _____ who requires my care during time that I am scheduled to work

Due to an injury I sustained at work _____ Date of work injury _____

Due to other reason (explain) _____

GENERAL INFORMATION

*After you submit this completed form to Human Resources, you will receive a NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES FORM and a CERTIFICATION FORM. You and the appropriate health care provider (if applicable) must complete these forms and submit to Human Resources within 15 days. You will then receive a DESIGNATION NOTICE which indicates whether or not your leave request has been approved.

*In the event that you have sustained a work related injury, you must contact Human Resources at 915-5230 to ensure that your injury has been properly reported.

*If you do not anticipate that you have accrued enough paid time off so that your requested leave of absence will be paid, if your leave of absence is approved you may submit a REQUEST FOR PAID LEAVE FORM. The approval of your department head and division director are required for participation in the Donated Leave program, and is totally within their discretion.

EMPLOYEE SIGNATURE

DATE _____