

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



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**LEAVE OF ABSENCE REQUEST FORM**  
**(WITHOUT PAY)**

**NAME** \_\_\_\_\_ **EMP NUMBER** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_

**DATE OF HIRE** \_\_\_\_\_

**I AM REQUESTING A LEAVE OF ABSENCE, WITHOUT PAY, FOR THE FOLLOWING DATES:**

**Beginning** \_\_\_\_\_ **through** \_\_\_\_\_

**WHY ARE YOU REQUESTING LEAVE WITHOUT PAY?** \_\_\_\_\_

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**WHY HAVE YOU BEEN UNABLE TO ACCRUE ENOUGH PAID TIME TO COVER YOUR ANTICIPATED LEAVE?** \_\_\_\_\_

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◇ Please complete this section if you are enrolled in any of the following benefits. Select only those that apply to your situation.

◇ Please indicate whether you want to maintain some, all, or none of your benefit coverage while on leave and indicate how you wish to make payments. Premiums are due by the 1<sup>st</sup> of each month.

◇ **PLEASE REMEMBER THAT YOU WILL NOT ACCRUE PTO OR EARN HOLIDAY PAY WHILE IN A LEAVE W/O PAY STATUS.**

**BENEFIT PLAN**

**COVERAGE ELECTIONS**

**Health Care**

<b>EE Only</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Family</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Spouse</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Children</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>

**Dental**

<b>EE Only</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Family</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Spouse</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Children</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>

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**Dental Plus**

<b>EE Only</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Family</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Spouse</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Children</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Optional Life Coverage</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Dependent Life Coverage (Children)</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Dependent Life Coverage (Spouse)</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Supplemental Long Term Disability</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>
<b>Long Term Care</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Not Enrolled</b>

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**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dept Head Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved**       **Disapproved**

**Division Director** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved**       **Disapproved**

**Human Resources** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved**       **Disapproved**

**County Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved**       **Disapproved**