

BEE COUNTY, TEXAS

APPLICATION FOR SICK LEAVE/VACATION

DATE _____

NAME: _____

TITLE: _____

DEPARTMENT: _____

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 time sheets for turning into the County Auditor's Office.
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 accrued. Negative balances will not be allowed and will result in a reduction in pay.