

# Anne Arundel County Mental Health Agency, Inc.

## LEAVE FORM

NAME:				TO BE COMPLETED BY PAYROLL MANAGER		
TYPE	HOURS	DATE(S)	UNSCHEDULED LEAVE	BEGINNING BALANCE	REMAINING BALANCE	ADVANCE LEAVE
ANNUAL						
SICK						
LWOP						
ADMIN/OTHER						

*Unscheduled leave must be designated by type (Annual, Sick or LWOP).*

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Executive Director's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact  
(If Applicable While On Leave): \_\_\_\_\_

**Please attach signed form to applicable time sheet.**