



DOUGLAS COUNTY

Employee ID: _____

LEAVE OF ABSENCE

Last Name: _____ First: _____ MI: _____

Office/Department: _____ Notification date: _____
(15-FEB-2020)

Confirm address: _____

Cell phone: _____ Home phone: _____ Personal email: _____

Leave Reason: FMLA Non-FMLA Sick Other Leave (e.g. Unpaid)
 Educational

Dates: Beginning: _____ Returning: _____

Utilize vacation accrual: Yes No Comment(s): _____

Continue on DC benefits: Yes No Comment(s): _____

If yes, what is the method for premium payments: _____

Email to: HRForms@douglascounty-ne.gov

Elected/Department Approver/Designee

Date

Human Resources

Date