West Virginia Department of Agriculture
APPLICATION FOR LEAVE

I, _____ **Division** _____
Name (Print or Type)

request the following leave:

_____ Hours Annual (A) ** _____ Hours Court or Jury Duty (J) _____ Hours Compensatory (C)

*_____ Hours Sick (S) *** _____ Bereavement (B) _____ Hours Without Pay (NP)

**** _____ **Hours Military (M)**

MONTH _____ 20 _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Type Leave																															
Hours																															

Instructions for completion of the Comments Section:

- * Certificate on reverse side of white copy must be completed for sick leave in excess of 24 hours.
- ** If requesting court or jury leave, a copy of subpoena or other official papers must be attached.
- *** Leave in excess of 24 hours must be approved by the Commissioner.
- **** If requesting military leave, a copy of military orders must be attached.

Comments _____

I can be contacted at _____

and I plan to return to duty on _____ , at _____ o'clock.

_____ _____
Employee Signature Date Supervisor's Approval Date

_____
Division Approval **Date**

Submit form in triplicate to Division Director.

Copies: **White**—Fiscal **Yellow**—Division **Pink**—Employee's (After Approval) Remove form from pad before completing.

Form 02-F058 (Revised 1/90)

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Certificate required for sick leave exceeding 24 Hours (3 days).

I, _____ , M.D., a physician in active practice, located

at _____ , do hereby certify that _____

was under my professional care from _____, to _____ , 20___ ,

inclusive, and during such time was incapacitated for official work, and is released to resume normal work duties as of

_____ , 20 ___ .

(Signed) _____
Attending Physician