



Leave Without Pay Form

In accordance with Article VI, Section 7 of the Harnett County Personnel Ordinance, I, as an employee of Harnett County, hereby request that my employment status be changed to a Leave Without Pay status for the period of _____ through _____. I understand that if my request is approved I will cease to accrue any form of leave, but may continue to be eligible for benefits under the County's group insurance plan.

I have been advised and understand that I must return to work once my Leave Without Pay period has ended and I am entitled to return to the same position I held at the time leave was granted or to one of like classification, seniority, and pay. I understand that if I fail to return to work at the allotted time my employment with the County will be immediately terminated.

Employee Signature

Dept. Head/Supervisor Signature

Date

Date

County Manager Signature

Date