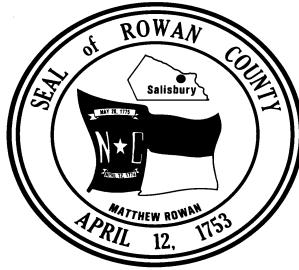


Darlene I. Boling, MA, SPHR, IPMA-CP
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Rowan County Human Resources
130 West Innes Street, Salisbury, NC 28144-4326
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REQUEST FOR ADVANCEMENT OF LEAVE

(Vested employees only)

Employee's Name: _____

Department: _____

Date of Request: _____

TYPE OF LEAVE REQUESTED: (Note: Amount approved cannot exceed the amount the employee could accrue during the remainder of the calendar year.)

_____ Sick Leave _____ # of hours requested

_____ # of days requested

_____ Vacation Leave _____ # of hours requested

_____ # of days requested

Leave is requested for the following period: _____ to _____.

Current Leave Balance: Vacation _____ Sick _____

I realize that I am responsible for reimbursing Rowan County for any advanced leave should I not return to work or if I leave employment before the advanced leave is accrued.

_____ Employee's Signature

_____ Department Director's Approval

_____ Human Resources Director's Approval