Allegheny County
Leave Benefit Time Use

Section A: Employee Information:

Name: _____   Department/Division: _____

Job Title: _____   Current Shift: _____

Current Pass Days (i.e. days off): _____

Telephone Number (Day): _____   Telephone Number (Evening): _____

Home Address: _____

City, State Zip _____

Section B: Benefit Time Use:

I understand I am required to use my accrued paid leave (i.e. benefit time) while on a leave of absence in accordance with the Allegheny County Leave policies. I understand that after exhausting my benefit time, my leave will be unpaid. Benefit time must be used in the following order: Sick, Vacation, and then Personal days. (Sick Leave may only be used if the leave is for the employee's illness and compensatory time may not be used.) I understand I may reserve up to 10 benefit days.

I wish to reserve _____Sick Days/Hours _____Vacation Days/Hours_____Personal Days/Hours.

Section D: Employee Signature:

Employee Signature:_____

Date:_____

Please return this form to your department payroll personnel.