

AUTHORIZATION TO REDUCE LEAVE

Complete only if off work five days or more and you wish to use leave time.

DATE: _____

RETURN TO: Douglas County Human Resources

FROM: _____
(Print Employee Name)

I hereby authorize Douglas County to reduce my _____
leave by 1/3 of my scheduled hours each pay period while I am off work due to a Workers'
Compensation injury or until such leave has been used in its entirety.

Employee Signature

Date

Injury Date

First Day Off

Anticipated Date of Return

cc: Payroll Department
WC Claim File
Employee's Home Department

- Not for Personnel File -