

Erie County Clerk of Courts  
APPLICATION FOR LEAVE

Employee Name: Bella Bodi Date: 1/9/24

I request leave beginning: 2:30 pm 1/8/24 and ending at 4:00 pm 1/8/24  
Time Date Time Date

- Sick Leave \*1, \*2, \*3 or \*4       Court/Jury Duty \*7      take lunch time  
 Funeral Leave \*5       Personal Leave      2:30-3:30  
 Military Leave \*6       Vacation Leave  
 Leave without pay (attach Form EMP0004)       Compensatory Time

Furlough Time Off

0.5 1.5 TOTAL HOURS REQUESTED

(30 mins) ✓ 1/9/2025

I do hereby certify the statements herein to be true and factual. I understand that payment for sick leave, jury duty, or military leave may be withheld until all information I have stated on this application is verified and until I have complied with all rules and regulations as stated on this application and in the County Commissioners Policy Manual. Further, I understand that falsification of this application may constitute fraud, may result in a refund by me to the County, and may be cause for discipline, including dismissal.

EMPLOYEE SIGNATURE Bella Bodi

1. A statement from the appropriate practitioner stating that you were present for the appointment and the reason may be required.
2. If you sought medical attention for an illness or injury, you may be required to provide a statement from your physician stating the general nature of the illness or injury and when you may return to full employment.
3. If you did not seek medical attention for a personal illness or injury, your supervisor may require that you state the nature of your illness or injury. If you were ill for three (3) consecutive days, you may be required to provide a doctor's statement upon return to work.
4. If you took an immediate family member to a physician or hospital, a statement may be required from the attending physician or hospital that your attendance with a family member was necessary.
5. Employee may be required to provide evidence verifying immediate family relationship (i.e. specifically named in the obituary) and verification of attendance at the funeral.
6. Copy of military papers must accompany request for leave.
7. Attach a copy of the subpoena or order to report for jury duty.

Note: Work-related injury or illness requires an injury report.

ADMINISTRATIVE ACTION

Approved

Unapproved

Signature of Clerk or Designee: [Signature]

Date: 1/9/2025