

**Rockingham County
Standard
Accrued Time Usage Form**

To: Human Resources Department

Date: _____

Employee Name: _____ Employee Number: _____

Employee Dept.: _____

In accordance with applicable policies, I hereby authorize Rockingham County to utilize the following time from my available accrued time. (If my leave is classified as Workers' Compensation, accrued time may be used for only the first 3 days of absence.):

Earned Time: _____ hours From: ____/____/____ To: ____/____/____

Sick Pool: _____ hours From: ____/____/____ To: ____/____/____

Holiday: _____ hours From: ____/____/____ To: ____/____/____

Other* _____ hours From: ____/____/____ To: ____/____/____

*Please specify "Other" _____

Notes: _____

I understand that it is my responsibility to authorize further accrued time use beyond the above hours/dates and without the said authorization, no pay or deductions for benefits will be forthcoming.

Employee Signature

____/____/____
Date

Elected Official/Division Director's Signature

____/____/____
Date

Human Resources Generalist/Director Signature

____/____/____
Date

Date Received by HR: