



**Henrico County Department of Human Resources – General Government  
Emergency Leave Request**

Employee Name (Please print): \_\_\_\_\_

Employee Number: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor/ Time Approver's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Is telework available for this employee?       Yes       No

Dates of Pay period (e.g. 3/28-4/10): \_\_\_\_\_

Number of hours worked this pay period: On-site work \_\_\_\_\_ and Telework \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ support this request.

Agency Head Name

Signature: \_\_\_\_\_

Date: \_\_\_\_\_