



Human Resources Department Request For Extension of Leave Of Absence

Instructions: Please complete all information. (All questions must be completed in order for the request to be processed). Return completed form with documentation to: Director, Human Resources Department, Miami-Dade County, 111 N.W. 1st Street, Suite 2110, Miami, Florida 33128.

Employee Name: _____ ID#: _____

Job Title: _____

Department: _____ Division: _____

Contact Person: _____ Phone: _____

Date of Original Leave of Absence. From: _____ To: _____

Leave Extension Requested. From: _____ To: _____

Reason for Original Leave (Attach a copy of employee's original Leave Request with accompanying documents and department director's approval.)

Reason for Request for Extension of Leave of Absence: (Attach a copy of all previous Requests for Extension in connection with this Leave of Absence)

NOTE: An extension of a Leave of Absence beyond one year may be granted up to a maximum of one year.

APPROVALS

Is Extension Recommended by Department Director? ☐ Yes ☐ No

Approved: _____ Not Approved: _____
Department Director Department Director

Print Name: _____ Date: _____

Approved: _____ Not Approved: _____
Director, Human Resources Department Director, Human Resources Department

Print Name: _____ Date: _____