

The Adjutant General's Department State Employee's Leave Request Form

Employee Name:

Pay Period Ending Date:

COMMON LEAVE CODES

| | | |
|--|--|---|
| VAC Vacation Leave –Unscheduled needs reason | MIL Military Leave – 15 days/Federal Calendar Yr. | LWP Leave Without Pay – Prior approval needed |
| SCK Sick Leave – Please identify if for employee or Family Member | DDY Discretionary Day | FNL Funeral Leave – Please identify employee's relationship to deceased and location of funeral on this request. |
| CMT Compensatory Time Taken | HCT Holiday Compensatory Time Taken | JRY Jury Duty – please attach jury notification document to leave request |

EMPLOYEE'S MUST OBTAIN APPROVAL PRIOR TO TAKING LEAVE

Leave must be taken in ¼ increments, i.e. .25; .50; .75)

| | Leave Type | Reason/Comments | Start Date | End Date | Hours Used |
|---|---|---|---|---|---|
| 1 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 2 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 3 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 4 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 5 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Employee's signature acknowledges and agrees that the information on this form is truthful.

SUPERVISOR USE ONLY

- #1 Prescheduled
- #2 Prescheduled
- #3 Prescheduled
- #4 Prescheduled
- #5 Prescheduled

To be considered a prescheduled absence the employee must have requested from you the leave at least 7 days prior notice for an absence of one day or more, and at least a 2 days prior to an absence of less than a day. (NO EXCEPTIONS)

The Supervisor's signature acknowledges and agrees that the information is truthful.