

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



Employee Name:

Pay Period Ending Date:

**COMMON LEAVE CODES**

<b>VAC</b> Vacation Leave –Unscheduled needs reason	<b>MIL</b> Military Leave – 15 days/Federal Calendar Yr.	<b>LWP</b> Leave Without Pay – Prior approval needed
<b>SCK</b> Sick Leave – Please identify if for employee or Family Member	<b>DDY</b> Discretionary Day	<b>FNL</b> Funeral Leave – Please identify employee's relationship to deceased and location of funeral on this request.
<b>CMT</b> Compensatory Time Taken	<b>HCT</b> Holiday Compensatory Time Taken	<b>JRY</b> 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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.