



State Human Resources Office

Arizona Department of Emergency & Military Affairs

Leave Request

Employee Name: _____ EIN: _____

Job Title: _____ Location: _____

Leave must be requested and approved in advance except in emergencies when advance approval cannot reasonably be obtained.

PERIOD OF LEAVE REQUESTED

Indicate the type of leave in the Leave Taken Category section of this form.

Date:					
Total Hours:					
Begin Time:					
End Time:					

LEAVE TAKEN CATEGORY

Category	Hours	Category	Hours
(300) Annual Leave		(340) Bereavement Leave	
(308) Donated Leave		(350) Civic Duty	
(310) Sick Leave		(370) Recognition Leave	
(311) Family Sick Leave		(380) Military Leave	
(322) Holiday Leave		(630) Industrial LWOP	
(330) Comp Leave		(640) LWOP	
		TOTAL HOURS REQUESTED	

Employee: _____

Date: _____

Supervisor: _____

Approved
 Denied

Date: _____

Director: _____

Approved
 Denied

Date: _____