

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

EMPLOYEE NAME:

Payroll End Date:

**Employee Must Obtain Approval Prior To Taking Leave**

Type - Use Code	Pre-Sched? Yes/ No	Reason** Reason required except for pre-scheduled vacation leave or comp time.	From	To	Total Hrs. used	Sup Approval Result

**Comments:**

\*\* Employee's signature acknowledges and agrees that hours approved may be modified

**Employee Signature:**

**Supervisor's Signature:**

**Please scan and attach any documentation needed (i.e. Dr. Notes, Military Orders, etc.) to the e-mail when sending this for approval to your supervisor.** Supervisors should forward the attachments to HR along with approved leave request.