



Leave Administration Form

Submit form to **HR Leave Administration** by email (HR.LeaveAdmin@pima.gov), fax (520-791-6514), or mail (150 W Congress, 4th floor, Tucson, AZ 85701)

Type of Request

Effective Date: _____ New Change End

Employee Information

Employee Name	EIN	Date of Birth	Employee Work Schedule (Days # hours)
Department	Supervisor's Name	Supervisor's Phone	
Employee Work Phone	Employee Home Phone	Employee Cell Phone	

If needed, HR Leave Administration may send information to the email(s) below.

Employee work email address: _____

Employee home email address: _____

Leave Category/Reason (Select all that apply)

<input type="checkbox"/> Administrative (Paid)	<input type="checkbox"/> Workers' Comp (ICA)	<input type="checkbox"/> FML Adoption/Foster <i>Est. Placement Date</i> _____
<input type="checkbox"/> Humanitarian/Personal	<input type="checkbox"/> Military Paid	<input type="checkbox"/> FML Birth <i>Estimated Due Date</i> _____
<input type="checkbox"/> Candidacy	<input type="checkbox"/> Military Unpaid	<input type="checkbox"/> FML Caregiving <i>* List Name, relationship, & DOB in Details.</i>
<input type="checkbox"/> Education	<input type="checkbox"/> Victim	<input type="checkbox"/> FML Military Care <i>* List Name, relationship, & DOB in Details.</i>
<input type="checkbox"/> Best Interest of County		<input type="checkbox"/> FML Military Exigency <i>* List Name & relationship in Details.</i>
<input type="checkbox"/> Medical LOA (not FML)		<input type="checkbox"/> FML Self <input type="checkbox"/> Employee is Hospitalized at _____ New Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Leave Frequency

Start Date (mm/dd/yyyy) _____ to End Date/Expected Return Date (mm/dd/yyyy) _____ unknown

Continuous _____ to _____ unknown

Intermittent _____ to _____ unknown

Is there a change to scheduled hours? Yes No New Hours per week _____

FML Information: Name(s), Relationship(s) and DOB(s):
DO NOT INCLUDE ANY MEDICAL INFORMATION OR CONDITIONS ON THIS FORM.

Documents attached per Administrative Procedure: (Examples: approval, work status information, military orders, letters, etc.)

Submitted by: _____	Date: _____
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Leave Administration use only:	eTime
Class Code:	EV5
Days worked:	Approved / Denied _____
Qualifying hours:	

HR Leave Administration may be contacted by email HR.LeaveAdmin@pima.gov or phone 520-724-8076.