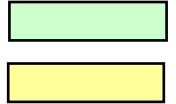




DEPARTMENT OF FINANCE AND ADMINISTRATION
Office of Personnel Management
Employee Leave Request



PART I - EMPLOYEE REQUEST			
Name of Employee (<i>Last, First, MI</i>)		BEGIN LEAVE: (Hour) (Date)	
Personnel Number	Business Area	Personnel Area	END LEAVE: (Hour) (Date)

PART II - LEAVE CATEGORIES AND CODES		<i>Leave may be requested in 15-minute increments only.</i>	
<input type="checkbox"/> Check here if the requested Leave is Family Medical Leave, Military Leave or Workers Compensation related. (Provide documentation).			
		<i>Hours/Minutes</i>	<i>Hours/Minutes</i>
<input type="checkbox"/> ANNL Annual	_____	<input type="checkbox"/> SICK Sick	_____
<input type="checkbox"/> CATL Catastrophic Leave	_____	<input type="checkbox"/> MILH Military Leave Holiday	_____
<input type="checkbox"/> CEAL Child Ed Activity Leave	_____	<input type="checkbox"/> MILL Military Leave LWOP	_____
<input type="checkbox"/> CNJL Court/Jury	_____	<input type="checkbox"/> MILV Military Leave Quota	_____
<input type="checkbox"/> CP10 Comp (10) Quota 15	_____	<input type="checkbox"/> PROL Governor/Proclamation	_____
<input type="checkbox"/> CP15 Comp (15) Quota 16	_____	<input type="checkbox"/> SHLV Shared Leave	_____
<input type="checkbox"/> EMBD Employee Birthday	_____	<input type="checkbox"/> WKCA Workers Comp Annual	_____
<input type="checkbox"/> FMLA Family Medical Annual	_____	<input type="checkbox"/> WKCH Workers Comp Holiday	_____
<input type="checkbox"/> FMLH Family Medical Holiday	_____	<input type="checkbox"/> WKCL Workers Comp LWOP	_____
<input type="checkbox"/> FMLL Family Medical LWOP	_____	<input type="checkbox"/> WKCS Workers Comp Sick	_____
<input type="checkbox"/> FMLS Family Medical Sick	_____	<input type="checkbox"/> WKCT Workers Comp CAT	_____
<input type="checkbox"/> FMSH Family Medical Shared	_____	<input type="checkbox"/> WC10 Workers Comp Comp (1.0)	_____
<input type="checkbox"/> FMLT Family Medical CAT	_____	<input type="checkbox"/> WC15 Workers Comp Comp (1.5)	_____
<input type="checkbox"/> HLDY Holiday (<i>specify</i>)	_____	<input type="checkbox"/> Other (<i>specify</i>)	_____
<input type="checkbox"/> INCL Inclement Weather	_____		
<input type="checkbox"/> LWOP Leave Without Pay	_____	AGENCY DESIGNATED LEAVE	
<input type="checkbox"/> MC10 Military Leave Comp (1.0)	_____	<input type="checkbox"/> DISP Disciplinary Unpaid	_____
<input type="checkbox"/> MC15 Military Leave Comp (1.5)	_____	<input type="checkbox"/> EDUN Education Unpaid	_____
<input type="checkbox"/> MILA Military Leave Annual	_____	<input type="checkbox"/> EDUP Education Paid	_____
<input type="checkbox"/> MILD Military Leave Disability	_____		
Employee's Signature			Date

PART III - AUTHORIZATION		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date
	Timekeeper's Signature	Date