

# 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"/> |
| 2 | <input type="text"/> |
| 3 | <input type="text"/> |
| 4 | <input type="text"/> |
| 5 | <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.