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.