

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

Name:

**Common Leave Codes – Non Exempt**

(*Exempt employees* – drop the last letter of the applicable non-exempt code and replace it with an “E”.)

<b>VAC</b> Vacation	<b>MIL</b> Military (15 days/federal calendar yr)	<b>SHL</b> Shared Leave
<b>SCK</b> Sick	<b>JRY</b> Jury Duty	<b>WSL</b> Worker's Comp-Sick Leave
<b>DDY</b> Discretionary Day	<b>FNL</b> Funeral +	<b>WVL</b> Worker's Comp-Vacation Leave
<b>CMT</b> Comp Time Taken	<b>ADM</b> Administrative	<b>WCT</b> Worker's Comp-Comp Time Taken
<b>HCT</b> Holiday Comp Taken	<b>LWP</b> Leave Without Pay	<b>WHC</b> Worker's Comp-Holiday Comp Taken

+ *Note*: Maximum of 6 days is **not** automatic. The employee's relationship to the deceased and necessary travel time determine the number of days. (See Funeral Leave Policy.)  
 "Relationship" must be specified in the 'Reason' or 'Comments' section.

**Must Obtain Approval Before Taking Leave**

(**Non-exempt**: Use leave in **1/4 hour** increments, i.e. .25, .50, .75, 1.0.)

(**Exempt**: Use leave in **1/2 day** increments, i.e., 4.0 & 8.0 hours.)

Type	Pre-Sched? Yes/ No	Reason*	From Date	From Time	To Date	To Time	Total Hrs	Employee Sign**/Date	Time	Result A-PA-D ***	Supv Sign/ Date
1.											
2.											
3.											
4.											

\* Reason required *except* for *pre-scheduled* vacation leave, discretionary day or comp time.

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

\*\*\* A=Approved. PA=Partial Approval. (List leave hours approved in the 'Comments' section.) D=Denied.

\*\*\* Leave hours may be modified if there is a potential for "additional hours" during the designated work week.

**Comments:**