

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

Name (Last, First MI):

Pay Period End Date:

Employee ID:

Common Leave Codes

VAC / FMVAC Vacation / FMLA VAC	MIL Military [15 days (Oct 1-Sept 30) need orders]	SHL / FMShL Shared Leave / FMLA SHL
SCK / FMSCK Sick / FMLA SCK	JRY Jury Duty	WSL Worker's Comp-Sick Leave
DDY / FMDDY Discretionary Day / FMLA DDY	FNL Funeral (need location & relationship)	WVL Worker's Comp-Vacation Leave
CMT / FMCMT Comp Time Taken / FMLA CMT	ADM Administrative (HR approval)	WCT Worker's Comp-Comp Time Taken
HCT / FMHCT Holiday Comp Taken / FMLA HCT	LWPNE / FMLWP Leave Without Pay	WHC Worker's Comp-Holiday Comp Taken

<<All Leave Should Be Approved Prior To Use>>

(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	Reason*	<u>From</u> Date	<u>From</u> Time	<u>To</u> Date	<u>To</u> Time	Total Hrs
1.						
2.						
3.						
4.						

* Reason section needs to be completed for any unscheduled leave, for all SCK to designate if employee or family member is ill or has a medical appointment, and for FNL to designate employee's relationship to the deceased and location of funeral. Documents are needed for MIL (orders) and JRY (court clerks proof of attendance). Need prior approval from State Human Resources before using LWPNE and ADM.

** Employee's signature acknowledges and agrees that hours may be modified when additional hours have been worked.

Employee's Signature

Supervisor's Signature

Comments: