DEPARTMENT OF FINANCE AND ADMINISTRATION

Office of Personnel Management

Employee Leave Request

Print Form

Clear Form

PART I - EMPLOYEE REQUEST

Name of Employee *(Last, First, MI)*			**BEGIN LEAVE:** (Hour) (Date)
Personnel Number	Business Area	Personnel Area	**END LEAVE:** (Hour) (Date)

PART II - LEAVE CATEGORIES AND CODES

Leave may be requested in 15-minute increments only.

☐ Check here if the requested Leave is Family Medical Leave, Military Leave or Workers Compensation related. (Provide documentation).

		Hours/Minutes
☐ **ANNL**	Annual	
☐ **CATL**	Catastrophic Leave	
☐ **CEAL**	Child Ed Activity Leave	
☐ **CNJL**	Court/Jury	
☐ **CP10**	Comp (10) Quota 15	
☐ **CP15**	Comp (15) Quota 16	
☐ **EMBD**	Employee Birthday	
☐ **FMLA**	Family Medical Annual	
☐ **FMLH**	Family Medical Holiday	
☐ **FMLL**	Family Medical LWOP	
☐ **FMLS**	Family Medical Sick	
☐ **FMSH**	Family Medical Shared	
☐ **FMLT**	Family Medical CAT	
☐ **HLDY**	Holiday *(specify)*	
☐ **INCL**	Inclement Weather	
☐ **LWOP**	Leave Without Pay	
☐ **MC10**	Military Leave Comp (1.0)	
☐ **MC15**	Military Leave Comp (1.5)	
☐ **MILA**	Military Leave Annual	
☐ **MILD**	Military Leave Disability	
☐ **SICK**	Sick	
☐ **MILH**	Military Leave Holiday	
☐ **MILL**	Military Leave LWOP	
☐ **MILV**	Military Leave Quota	
☐ **PROL**	Governor/Proclamation	
☐ **SHLV**	Shared Leave	
☐ **WKCA**	Workers Comp Annual	
☐ **WKCH**	Workers Comp Holiday	
☐ **WKCL**	Workers Comp LWOP	
☐ **WKCS**	Workers Comp Sick	
☐ **WKCT**	Workers Comp CAT	
☐ **WC10**	Workers Comp Comp (1.0)	
☐ **WC15**	Workers Comp Comp (1.5)	
☐ **Other**	*(specify)*	

AGENCY DESIGNATED LEAVE

☐ **DISP**	Disciplinary Unpaid	
☐ **EDUN**	Education Unpaid	
☐ **EDUP**	Education Paid	

Employee's Signature	Date

PART III - AUTHORIZATION

☐ Approved ☐ Disapproved	Approving Authority	Date
☐ Approved ☐ Disapproved	Approving Authority	Date
	Timekeeper's Signature	Date