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)*			**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 Worker's Compensation related. (Provide documentation.)

			Hours/Minutes
☐	**ANNL**	Annual	
☐	**CATL**	CAT Leave	
☐	**CATM**	CAT Leave Maternity	
☐	**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	
☐	**FMLT**	Family Medical CAT	
☐	**FMMC**	Family Medical Maternity 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	

			Hours/Minutes
☐	**SICK**	Sick	
☐	**MILH**	Military Leave Holiday	
☐	**MILL**	Military Leave LWOP	
☐	**MILV**	Military Leave Quota	
☐	**PROL**	Governor/Proclamation	
☐	**WKCA**	Worker's Comp Annual	
☐	**WKCH**	Worker's Comp Holiday	
☐	**WKCL**	Worker's Comp LWOP	
☐	**WKCS**	Worker's Comp Sick	
☐	**WKCT**	Worker's Comp CAT	
☐	**WC10**	Worker's Comp Comp (1.0)	
☐	**WC15**	Worker's 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