



NAME \_\_\_\_\_ TITLE \_\_\_\_\_

UNIT \_\_\_\_\_ SWW \_\_\_\_\_ PAY PERIOD From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

PLEASE PRINT IN INK OR TYPE

LEAVE REQUEST (Space is allowed for two requests per day and multiple Supervisor Approvals, if needed.)															
DAY	Hours Worked	Total Leave Taken	DATE	TYPE	Amt. (hrs)	Beginning and Ending Times	EMPL INIT	SUPV APPV	TYPE	Amt. (Hrs)	Beginning and Ending Times	EMPL INIT	SUPV APPV	Ofc. Use LWOP	COMMENTS
S						-					-				
S						-					-				
M						-					-				
T						-					-				
W						-					-				
Th						-					-				
F						-					-				
Tot							<b>Total O/T Straight:</b>			<b>Total Payable O/T:</b>					
S						-					-				
S						-					-				
M						-					-				
T						-					-				
W						-					-				
Th						-					-				
F						-					-				
Tot							<b>Total O/T Straight:</b>			<b>Total Payable O/T:</b>					

TYPE Leave Codes: A=Annual; S=Sick; C=Compensatory Lv. Taken; P=Compensatory Lv. Earned; W=Leave Without Pay; O=Other (Specify whether Funeral, Civil or Military Lv.).

If a period of leave is covered by the Family and Medical Leave Act (FMLA), an FMLA Notification Form should be completed in addition to the leave entry above. The FMLA only applies to an employee who has been employed by the State for previous 12 months and for at least 1250 hours during the previous 12-month period. FMLA-covered leave is leave used to care for the employee's child after birth, or placement for adoption or foster care; or to care for the employee's spouse, child, or parent, who has a serious health condition; or for a serious health condition that prevents the employee from performing his/her job. Refer to information on the FMLA Notification Form for additional details. FMLA Notification Forms are available in unit offices and the Ag Center Human Resource Management Office.

All leave must be approved in advance (excluding sick leave used for unforeseen illness or injury or leave for other emergency as approved by supervisory personnel). Sick leave may only be used for the employee's own illness/injury/treatment, not for care of family members. Appropriate documentation is required for funeral, civil, and military leave and may be required for other kinds of leave. Medical certification is required for absences of greater than 5 consecutive work days and for recurring absences and other circumstances defined in AG CENTER PS-34.

By signing, the employee and supervisor attest they have reviewed this request to determine whether it is necessary to obtain medical certification or submit an FMLA Leave Notification Form.

LEAVE BALANCING	ANNUAL	SICK	COMP(P)	COMP(NP)	ACCRU RATE
Beginning Balance					CHG DATE
Less Hrs Taken					
Plus Hrs Earned					
= Ending Balance					

I CERTIFY THAT THIS RECORD IS ACCURATE.

EMPLOYEE SIGNATURE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_