EMPLOYEE REQUEST FOR TIME OFF - DEPARTMENTAL
(Submit to Supervisor)

Department:_____ Name: _____

All foreseeable requests for time off must be submitted and approved in advance. An employee who is absent from duty for more than three (3) working days without an approved leave is considered to have automatically resigned.

Pay Code	FROM		THROUGH		Total Hours
	Date	Hour	Date	Hour	
		a.m.		a.m.	
		a.m.		a.m.	
		a.m.		a.m.	

PURPOSE OF LEAVE: _____

☐ ***I am regularly assigned to be on-call and will be unavailable on the days contiguous to my request for time off between _____ to _____.***

If requesting leave for family care reasons or one's own serious health condition, make sure you have obtained and read the notice on Employee Obligations under the Family and Medical Leave Act (FMLA).

Pay Codes		***Pay Codes - Family Care/Medical Leave***	
011	Vacation	F11	FMLA Vacation*
044	Comp. Time Off	F44	FMLA Comp. Time Off*
033	Admin. Leave	F33	FMLA Admin. Leave*
022	Sick Leave	F22	FMLA Sick Leave*
	Time off recorded, as "Sick Leave" or "FMLA Sick Leave" can be used for the illness of the employee OR in a calendar year, you can use what you accrue in a six-month period of time to care for a family member.		
E	LOA Without Pay	FE	FMLA Without Pay
	All compensatory time must be used before Leave of Absence without Pay can be granted. If leave is for employee illness, all Sick Leave must be exhausted before LOA without Pay is granted.		
11J	Jury Duty/Court Appearance (Attach a copy of Jury Duty Notice or Court Summons		
11B	Bereavement Leave. (Indicate the relationship of the deceased to yourself and the State deceased resided in.)		

*ALL FMLA LEAVES REQUIRE MEDICAL CERTIFICATION, OR PROOF OF BIRTH, ADOPTION OR FOSTER PLACEMENT. FOR MEDICAL CERTIFICATION, USE FORMS PER1081A OR PER1081B.

It is the employee's responsibility to request leave and provide the required documentation (including a physician's statement - PER1081A or PER1081B - completed in full from each treating physician) on a timely basis to the employee's department. The provision of similar documentation to another party (e.g., LTD carrier, Worker's Compensation Administrator) does not relieve the employee of his/her responsibility to provide this documentation to his/her department.

Employee's Signature (Required) Departmental Approval (Required)

_____ _____ _____ _____

Date Date