

CLASSIFIED SERVICE LEAVE REQUEST FORM
(Administrative, Operational, Council 82, Institutional, PEF)

Name: _____ Date: _____

Permission is requested for leave as follows:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Compensatory Time | <input type="checkbox"/> Jury Duty
(attach summons) | <input type="checkbox"/> Worker Compensation Leave*
* Requires documentation and the approval of the Human Resources Office |
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Over 40 Compensatory Time | <input type="checkbox"/> Sick Leave at Half Pay* | |
| <input type="checkbox"/> Sick Leave
(scheduled appointments) | <input type="checkbox"/> Holiday Leave | | |

Employee Organization Leave: _____
(Reason)

Civil Service Test or Interview at State Agency: _____
(Test or position sought)

Date(s) Requested: _____

For less than a full day specify hours: From _____ to _____

Employee's Signature: _____

Approved Disapproved _____
(Reason)

Supervisor's Signature: _____ Date: _____

NOTE: This form must be completed and approved in advance of the time requested.

DISTRIBUTION: WHITE: Submit to PAYROLL OFFICE YELLOW: Employee's Copy PINK: Supervisor's Copy

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