Arkansas Commission

Arkansas Department of Human Services
REQUEST FOR LEAVE

Part I - Employee Request

SAMPLE

SSN _____ Name _____

Title _____ Activity _____ Section _____ Unit _____ Elem. _____

Beginning _____
Month Day Year

Ending _____
Month Day Year

Leave Hours Annual _____ Sick* _____

Comp ____ Holiday ____ Birthday ____ LWOP _____ FMLA _____

Excused Military Educational _____ Court/Jury _____

Employee Signature _____ Date _____

*NOTE Sick leave of (5) or more consecutive days, a certificate of an attending physician must accompmy this request.

Part II - Leave Authorization

Leave Request: Approved Denied

Employee Supervisor Signature _____ Date _____

Part III - Leave Date Entry

HOURS

Type	Sun	Mon	Tue	Wed	Thu	Fri	Sat

*TYPE: 1. Annual 2. Sick 3. Comp **5.** Holiday/Birthday

6. LWOP 7. Excused 8. FMLA

Keyed by _____ Initials

Date Keyed _____