

OFFICE OF THE ADJUTANT GENERAL

LEAVE RECIPIENT REQUEST FORM

Name: _____ SCEIS Personnel Number: _____

Employing Agency: Office of the Adjutant General

Employment Date: _____

Sick Leave used for current personal emergency: _____ hours

Annual Leave used for personal emergency: _____ hours

Date all paid leave was/will be exhausted: _____

1st day of Leave without Pay: _____

*Inclusive Dates of Personal Emergency: From: _____ To: _____

Inclusive Dates of Leave Request: From: _____ To: _____

Leave request, minus holidays, equals 30 workdays: Yes No

Are you receiving other paid leave benefits for which you are eligible? Yes No

If yes, which of the following:

Workers' Compensation Eligibility date _____

Long-Term Disability Eligibility date _____

Other Eligibility date _____

Signature of Leave Recipient

Date

Signature of Approver

Date

*** Attach statement describing catastrophic or medical emergency of prolonged period without pay.**

*** Attach physician verification.**