

LEAVE REQUEST FORM

(Prescribing directive is DMNA Reg. 690-1, Proponent is MNHS)

TO: _____
(Supervisor's Name)

(Work Location/Directorate)

FROM: _____
(Employee's Name)

(Employee Position/Title)

LEAVE REQUEST PAY PERIOD #: _____ (optional)

TIMESHEET DATED FROM: _____ **TO:** _____ (required)

Leave Details:

EMPLOYEE				SUPERVISOR		
Submission Date:	Leave Date(s) Requested:	No. of Hours:	Absence Code:	Approve:	Disapprove:*	Signature & Date:
	-			<input type="checkbox"/>	<input type="checkbox"/>	
	-			<input type="checkbox"/>	<input type="checkbox"/>	
	-			<input type="checkbox"/>	<input type="checkbox"/>	
	-			<input type="checkbox"/>	<input type="checkbox"/>	
	-			<input type="checkbox"/>	<input type="checkbox"/>	
	-			<input type="checkbox"/>	<input type="checkbox"/>	
	-			<input type="checkbox"/>	<input type="checkbox"/>	
	-			<input type="checkbox"/>	<input type="checkbox"/>	

Absence Codes:**

AL: Annual Leave
PL: Personal Leave
SL: Sick Leave
HC: Holiday Comp

CT: Comp Time
ML: Military Leave
FSL: Family Sick Leave
FH: Floating Holiday
EOL: Employee Orgnzn. Leave

LWOP: Leave Without Pay
MLWOP: Military LWOP
DRL: Deficit Reduction Leave
OTH: Other

Leave Explanation:**

I am requesting to use (have used) leave as noted above. I certify that sufficient leave credits are available to cover the requested leave. I understand that any requests with insufficient leave credits may result in leave without pay.

Date

Employee Signature

**Supervisor Comments:
(Required for Leave Denials ONLY)**

Date

Supervisor Signature
(Required for Denials ONLY)

* In accordance with the labor contract, explanation for denial must be provided in the comments section.

** In accordance with Time & Attendance policy, some leaves require explanation and/or additional documentation.

GUIDELINES

1. Employees should complete the Leave Request Form as indicated, ensuring the submission date, the leave date(s), the number of hours used and the type of leave to be charged (absence code) is clear and accurate.
2. Employees must sign and date all leave request forms certifying the availability of leave accruals.
3. Leave request forms must be submitted to supervisors in advance of the requested date(s). Check with your supervisor regarding the required timeframe in which requests must be submitted.
4. In the event of an emergency, (i.e.: illness), an employee must submit a leave request form immediately upon return to work.
5. The submission date on the leave request form is the date the form is presented to the supervisor.
6. Submission of a leave request form is not approval. Approval of leave is subject to supervisory approval and may be denied.
7. The supervisor will review the leave request and initial either "approve" or "disapprove" as well as sign and date the appropriate boxes.
8. When leave is denied, the supervisor must provide explanation and sign the bottom of the form where indicated.
9. The supervisor must return the completed approved or disapproved leave request form to the employee within 5 days of receipt.
10. The supervisor must keep a file copy (electronic or paper) of all completed leave request forms for three (3) years.
11. The original leave request form will be maintained by the employee.
12. A copy of the completed leave request form(s) must be attached to the completed timesheet when it is submitted to MNHS.
13. Sufficient leave accruals must be available to support the request. If there is not enough leave to cover such request "Leave Without Pay" may be automatically implemented.
14. Leave accruals are earned at the end of the bi-weekly pay period and may not be utilized within the period they are earned.
15. Directorates/Units that have implemented other "Leave Request" procedures must ensure compliance with Time & Attendance policy by contacting MNHS. Further, all procedures must include a form of written (hand or electronic) response to employee requests. All procedures noted above, including copy submission to MNHS with time sheet apply.
16. Any questions regarding the Leave Request Form or use of leave accruals may be directed to State Human Resources (MNHS) at (518) 786-4830.