



DEPARTMENT OF FINANCE & ADMINISTRATION
Office of Personnel Management
Colleague Request for Leave

COLLEAGUE'S REQUEST

Colleague Name (Last, First, Middle) Munson, Eric P.			BEGIN Leave: (Hour) 08:00	(MM/DD/YY) 04/23/15
Personnel Number 108470	Business Area 0665	Personnel Area HV01	END Leave: (Hour) 16:00	(MM/DD/YY) 04/24/15

LEAVE CATEGORIES AND CODES: Leave may be requested in 15-minute increments only.

Check here if the requested Leave is Family Medical Leave, Military Leave or Workers Compensation related. (Provide necessary documentation.)

Annual balance _____	Hour/Minutes	Sick balance _____	Hour/Minutes
<input checked="" type="checkbox"/> ANNL – Annual	16	<input type="checkbox"/> SICK – Sick	_____
<input type="checkbox"/> CATL – Catastrophic Leave	_____	<input type="checkbox"/> MILL – Military Leave LWOP	_____
<input type="checkbox"/> CNJL – Court/Jury	_____	<input type="checkbox"/> MILV – Military Leave Quota	_____
<input type="checkbox"/> CP10 -- Comp (1.0) Quota 15	_____	<input type="checkbox"/> PROL – Governor/Proclamation	_____
<input type="checkbox"/> CP15 -- Comp (1.5) Quota 16	_____	<input type="checkbox"/> WKCA – Workers Comp Annual	_____
<input type="checkbox"/> DSTR -- Disaster	_____	<input type="checkbox"/> WKCH – Workers Comp Holiday	_____
<input type="checkbox"/> EMBD – Colleague Birthday	_____	<input type="checkbox"/> WKCL – Workers Comp LWOP	_____
<input type="checkbox"/> FMLA – Family Medical Annual	_____	<input type="checkbox"/> WKCS – Workers Comp Sick	_____
<input type="checkbox"/> FMLH – Family Medical Holiday	_____	<input type="checkbox"/> WKCT – Workers Comp CAT	_____
<input type="checkbox"/> FMLL – Family Medical LWOP	_____	<input type="checkbox"/> WC10 – Workers Comp Comp(1.0)	_____
<input type="checkbox"/> FMLS – Family Medical Sick	_____	<input type="checkbox"/> WC15 – Workers Comp Comp(1.5)	_____
<input type="checkbox"/> FMLT – Family Medical CAT	_____	<input type="checkbox"/> Other – (specify) _____	_____
<input type="checkbox"/> HLDY – Holiday	_____	<input type="checkbox"/> CEAL – Act 1072	_____
<input type="checkbox"/> INCL – Inclement Weather	_____		
<input type="checkbox"/> LWOP – Leave Without Pay	_____	<input type="checkbox"/> AGENCY DESIGNATED LEAVE	_____
<input type="checkbox"/> MC10 – Military Leave Comp(1.0)	_____		
<input type="checkbox"/> MC15 – Military Leave Comp(1.5)	_____	<input type="checkbox"/> DISP – Disciplinary UnPaid	_____
<input type="checkbox"/> MILA – Military Leave Annual	_____	<input type="checkbox"/> EDUN – Education UnPaid	_____
<input type="checkbox"/> MILH – Military Leave Holiday	_____	<input type="checkbox"/> EDUP – Education Paid	_____

Colleague Signature 	Date 4/24/15	MM/DD/YY 04/21/15
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AUTHORIZATION:

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority 	Date 4-22-15	MM/DD/YY MM/DD/YY
	Approving Authority	Date	MM/DD/YY
	Timekeeper's Signature	Date	MM/DD/YY