



Leave Approval Request

Employee name		PeopleSoft employee ID
Location name/unit	Regular days off	Assigned work period

Duration of absence

Beginning date: \_\_\_\_\_ Time: \_\_\_\_\_ Ending date: \_\_\_\_\_ Time: \_\_\_\_\_

- If this is an extension of approved leave, please indicate prior approval period.

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Type(s) of leave to be charged - check all that apply: See page 2.

Annual leave	<input type="checkbox"/>	Organizational leave <sup>2</sup>	<input type="checkbox"/>		
Sick leave <sup>1</sup>	<input type="checkbox"/>	Court or jury leave <sup>2</sup>	<input type="checkbox"/>		
Comp time	<input type="checkbox"/>	Military leave <sup>2</sup> with pay	<input type="checkbox"/>	without pay	<input type="checkbox"/>
Enforced leave	<input type="checkbox"/>	Educational leave <sup>2</sup> with pay	<input type="checkbox"/>	without pay	<input type="checkbox"/>
Shared leave <sup>2</sup>	<input type="checkbox"/>	Other _____ with pay	<input type="checkbox"/>	without pay	<input type="checkbox"/>

Reason(s) for absence - check all that apply: See page 2.

Vacation/personal time off	<input type="checkbox"/>	Family and Medical Leave (FMLA) <sup>6</sup>	<input type="checkbox"/>
Personal illness <sup>3 4</sup>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Job-related accident or illness/Workers' Comp <sup>5</sup>	<input type="checkbox"/>		

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

- For all leave requests: FMLA designation Yes  No   
 Form 11PE073E, Notice of Eligibility and Rights and Responsibilities (FMLA)  
 given to  mailed to  employee on (date): \_\_\_\_\_

Approval/Disapproval

Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> Comments:	
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Immediate supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> Comments:	
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Additional approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> Comments:	
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Additional approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> Comments:	
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OKDHS Director approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Policy references and footnotes**

Annual leave [OKDHS:2-1-35]

Comp time [OKDHS:2-1-30]

Court or jury leave [OKDHS:2-1-50]

Educational leave [OKDHS:2-1-42]

Enforced leave [OKDHS:2-1-37]

Family and Medical Leave (FMLA) [OKDHS:2-1-47 and Merit Rule OAC 530:10-15-45]

Leave without pay [OKDHS:2-1-38]

Military leave [OKDHS:2-1-41]

Organizational leave [OKDHS:2-1-43]

Shared leave [OKDHS:2-1-48]

Sick leave [OKDHS:2-1-36]

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<sup>1</sup> Submit to Finance Division Payroll Unit if in excess of three consecutive days.

<sup>2</sup> Prior approval required. Submit to Finance Division Payroll unit with appropriate document(s).

<sup>3</sup> Attach medical certification if in excess of three consecutive days.

<sup>4</sup> I certify that this leave is due entirely to personal injury or illness and that I was wholly unable to perform my official work or be at my post of duty.

<sup>5</sup> Attach copy of Form 23RS046E, Employee's Report of Job-Related Accidental Injury or Illness, Form 23RS113E, Leave Option Election - Work-Related Accident/Illness, and Form 11AD002E, Certification of Health Care Provider, or equivalent statement.

<sup>6</sup> Attach US Department of Labor Form WH-380-F, Certification of Health Care Provider for Family Member's Serious Health Condition, or equivalent statement for family member illness, when requested by supervisor.