



Request for Approval of Leave

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, Sick leave, Comp time, Enforced leave, Shared leave, Organizational leave, Court or jury leave, Military leave, Educational leave, Other

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

Vacation/personal time off, Personal illness, Job-related accident or illness/Workers' Comp, Family and Medical Leave (FMLA), Other

Employee signature: _____ Date: _____

- For all leave requests: FMLA designated Yes No, Form 11AD129E, Family and Medical Leave Notice given to mailed to employee on (date):

Approval/Disapproval

Approval Disapproval Comments:

Immediate supervisor signature: _____ Date: _____

Approval Disapproval Comments:

Additional approval: _____ Date: _____

Approval Disapproval Comments:

Additional approval: _____ Date: _____

Approval Disapproval Comments:

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:2-1-33(b)]

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]

¹ Submit to Finance Division Payroll Unit if in excess of three consecutive days.

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

³ Attach Form 11AD002E or equivalent statement if in excess of three consecutive days.

⁴ 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.

⁵ 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.

⁶ Attach Form 11AD002E or equivalent statement for family member illness, when requested by supervisor.