

Purpose of form

Form 10AD001E is used by OKDHS employees to request leave approval of all types in accordance with OKDHS:2-1-32 et. seq. It serves as the basic request for absences of an employee.

Instructions

The form is prepared in ink or typewritten.

Employee name: Enter the name of the employee as it appears on OKDHS records.

PeopleSoft employee ID: Enter the PeopleSoft identification (ID) number.

Location name/unit: Enter the employee assignment location and unit according to OKDHS records.

Regular days off: Enter the employee's regular days off.

Assigned work period: Enter the employee's work period, such as 8 - 5, 7:30 - 4:30.

Duration of absence.

Beginning date/time: Enter the date and time the leave began or will begin.

Ending date/time: Enter the date and time the leave ended or will end. Do not forward to Finance Division Payroll Unit without an ending date and time.

If this is an extension of a previously approved period of consecutive leave, indicate period of previous approvals. Enter the leave dates previously approved. This determines the level of supervisory approval required to process the current request.

Type(s) of leave to be charged. Check all that apply.

Annual leave: Check this item when annual leave is requested in accordance with OKDHS:2-1-35.

Sick leave: Check this item when sick leave is requested in accordance with OKDHS:2-1-36. If the request is for sick leave in excess of three consecutive work days, the form must be filed with the Finance Division Payroll Unit.

Comp time: Check this item when previously earned compensatory (comp) time is requested in accordance with OKDHS:2-1-30.

Enforced leave: Check this item when enforced leave is requested in accordance with OKDHS:2-1-37. Enforced leave is requested when the event is not Family and Medical Leave Act (FMLA) qualifying.

Shared leave: Check this item when a Form 10AD111E, Leave Sharing Application, was submitted for approval and shared leave is to be charged for the absence, in accordance with OKDHS:2-1-48. Form 10AD111E must be accompanied by a completed Form 11AD002E, Certification of Health Care Provider, or equivalent statement and is submitted to the Finance Division Payroll Unit.

Organizational leave: Check this item when organizational leave is requested in accordance with OKDHS:2-1-43. This form is submitted to the Finance Division Payroll Unit with appropriate document(s).

Court or jury leave: Check this item when court or jury leave is requested in accordance with OKDHS:2-1-50. This form is submitted to Finance Division Payroll Unit with a copy of the subpoena or other official notice from the court.

Military leave – with or without pay: Check this item when military leave is requested in accordance with OKDHS:2-1-41. This form is submitted to the Finance Division Payroll Unit with a copy of the orders or other official statement from the appropriate chief officer.

Educational leave - with or without pay: Check this item when educational leave is requested in accordance with OKDHS:2-1-42. This form is submitted to the Finance Division Payroll Unit with appropriate document(s) prior to the use of leave.

Leave without pay: Check this item when leave without pay is requested in accordance with OKDHS:2-1-38. This form is submitted to the Finance Division Payroll Unit.

Other: Check this item when the employee is requesting a type of leave not shown on the form. This item includes compensatory (comp) holiday, in accordance with OKDHS:2-1-34. Indicate the type of leave requested.

Reason(s) for absence. Check all that apply.

Vacation/personal time off: Check this item when the absence is requested for vacation or personal time off.

Personal illness: Check this item when the absence is for employee's personal injury or illness. If the request for personal injury or illness exceeds three consecutive work days, medical certification must be attached. Check Family and Medical Leave Act (FMLA) if applicable.

Job-related accident or illness/Workers' Comp: Check this item when the absence is the result of a work related accident or illness, in accordance with OKDHS:2-15-7. Submit to Finance Division Payroll Unit with 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 or equivalent statement.

Family and Medical Leave Act (FMLA): Check this item when the absence qualifies for protection under the Family and Medical Leave Act, in accordance with OKDHS:2-1-47 and Merit Rule OAC 530:10-15-45.

Other: Check this item and indicate reasons other than those listed on the form. Examples may include spouse's surgery or aunt's funeral. If the absence is due to a family member's incapacity, a physician's statement may be required by the supervisor to determine FMLA qualification of the absence. If requested, attach statement and indicate the family member's relationship. Check FMLA if applicable.

Employee signature.

The employee requesting leave dates and signs the form in the spaces provided and submits the leave request to his or her immediate supervisor. In the absence of the employee, the supervisor may sign for the employee.

FMLA designation.

The immediate supervisor approves or disapproves of FMLA designation. If the employee's FMLA designation is affirmed, the supervisor indicates that the employee is eligible and the absence has a preliminary designation of FMLA. The employee must be notified of specific rights and responsibilities on Form 11PE073E, Notice of Eligibility and Rights and Responsibilities Family and Medical Leave Act (FMLA). The supervisor specifies how Form 11PE073E was given to the employee.

Supervisory approval/disapproval.

Depending on length of absence and division requirements, varied supervisory levels of approval may be required. Consult the appropriate policy section for the highest required approval. Human resource centers must utilize the approval levels required by Field Operations Division (FOD).

Per OKDHS:2-1-38(a)(8)(C), with respect to the length of requested approved leave without pay, successive approvals required are:

- one to five consecutive working days by the local administrator;
- six consecutive working days through 90 consecutive calendar days by the resource center administrator, county director, managing attorney, or division director;
- 91 consecutive calendar days through one calendar year by the administrator, advocate general, chief administrative officer, chief coordinating officer, chief financial officer, chief information officer, chief operating officer, general counsel, inspector general, or designee; and
- over one calendar year by the OKDHS Director.

Routing

Form 10AD001E is retained in the employee's unit except where noted. Routing is determined by the type(s) of leave requested and/or reason(s) for absence.

When retained in the unit, the original is filed in the employee's unit file and the copy returned to employee requesting leave.

When submitted to the Finance Division Payroll Unit, the original is submitted after all necessary supervisory levels have indicated approval or disapproval, a copy is filed in the employee's unit file, and a copy is returned to the employee requesting leave.

Retention

Records disposition schedules specify that the documents are retained for three years after audit of the fiscal year. To ensure uniform compliance with this policy, these documents or copies are retained in the unit file for five years.