

**PART 1: TO BE COMPLETED BY EMPLOYEE**

EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

ADMINISTRATION State Highway Administration EIN # \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

<u>Type of Leave Requested (see below)</u>	<u>Date</u>	<u># of Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Leave Requested should be one of the following: Administrative Leave, Annual Leave, Compensatory Leave, Furlough, Leave Without Pay, Legal Action Leave, Military Leave, Personal Leave, or Sick Leave.

Note: Documentation must be provided for Military and Legal Action Leave.

\_\_\_\_\_  
Employee's Signature Date

**IF SICK LEAVE WAS NECESSITATED BY DEATH IN FAMILY COMPLETE:**

Name of Deceased \_\_\_\_\_ Date of Death \_\_\_\_\_

Relationship to Employee \_\_\_\_\_

**PART II: TO BE COMPLETED BY SUPERVISOR**

**Recommendation:**                      Approved                      Denied

Remarks: (Reason for denial of Annual or Compensatory leave must be documented.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature Date

**RETAIN COPY OF THIS FORM FOR AUDIT VERIFICATION**