ARIZONA DEPARTMENT OF CORRECTIONS

Employee Request for Leave

Employee Name (Last, First M.I.)		Date		
Employee Identification Number		Institution/Facility/Unit		
Check U Regular Days Off				
Sun Mon [Tues V	Ved 🗌 Thu	Fri Sat	
Is this a 4/10 schedule? Yes No				
Total Hours	Start Date	End D	ate	
AnnualÎ	CompensatoryÎ	Sick FamilyO (Relationship)		
HolidayÎ] Sick	BereavementÓ (Relationship)		
Militaryï	Civic DutyÑ	Other		
Jury DutyĐ] Victim's LeaveÔ			
Bone Marrow Donor	Organ Donor			
Is this an Industrial Injury/Illness?	Yes	No		
Please explain CIVIC DUTY or OTHER				
Employee's Signature			Date	
Supervisor's Signature		Approved	Date	
		Disapproved		

Requests for Annual, Compensatory and Holiday Leave are subject to schedule adjustment, depending upon hours worked in a work week.

Attach copy of Military Order, if available (send to Central Office Payroll)

Đ Attach copy of Summons

 $\tilde{N}\,$ Attach copy of Subpoena

O Leave taken for Sick Family shall not exceed 40 hours per calendar year. Sick Family leave is deducted from the employee's regular sick leave balance.

 \dot{O} Not to exceed 24 hours in state and 40 hours out of state

 \hat{O} Attach copy of Victim Rights Request/Waiver Form

Note: See Department Order 519 to Request Family and Medical Leave (FMLA). See Department Order 512 to request Leave Without Pay, or Medical Leave Without Pay.