

| STATE OF ALASKA | | | | LEAVE REQUEST/REPORT | | | |
|--|-----------|--------------------------|-----------|--------------------------|-------------|--------------------------|-----------------------|
| EMPLOYEE'S NAME (PRINT - LAST - FIRST - MIDDLE INITIAL) | | | | BU | DEPT NO | EMPLOYEE I.D. NUMBER | |
| | | | | | | | |
| DATE LEAVE BEGINS | AM | DATE LEAVE ENDS | AM | Total Time (HH:MM) | | Supervisor Approval | |
| MONTH | DAY | PM | MONTH | DAY | HOUR | | |
| LEAVE TYPE - CHECK ONLY ONE | | | | | | | |
| <input type="checkbox"/> | ANN/PERS | <input type="checkbox"/> | MILITARY | <input type="checkbox"/> | AUTH LWOP | <input type="checkbox"/> | LV CASH-IN |
| <input type="checkbox"/> | SICK/PERS | <input type="checkbox"/> | COURT | <input type="checkbox"/> | DISC LWOP | <input type="checkbox"/> | OTHER (Explain Below) |
| <input type="checkbox"/> | FMLA/AFLA | <input type="checkbox"/> | WKRS COMP | <input type="checkbox"/> | UNAUTH LWOP | | |
| This form must be submitted within 24 hours after return to duty. | | | | LV DONATED TO | | BUS LV USED | |
| EXPLANATION: _____ | | | | _____ | | BUS LEAVE | |
| _____ | | | | _____ | | UNION APPVD | |
| _____ | | | | _____ | | BUS LV LABOR | |
| | | | | | | REL APPRVD | |
| NOTE: No leave with pay will be granted in excess of that accrued to employee's credit. Bargaining Unit restricts leave type availability. | | | | EMPLOYEE SIGNATURE | | DATE | |
| | | | | _____ | | _____ | |
| | | | | APPROVING OFFICER | | DATE | |
| | | | | _____ | | _____ | |