



Arkansas Forestry Commission
Employee Leave Request

A70.100

PART I - EMPLOYEE REQUEST

Name of Employee (<i>Last, First, MI</i>)			BEGIN LEAVE:	(Date)
Personnel Number	Business Area	Personnel Area	END LEAVE:	(Date)

PART II - LEAVE CATEGORIES AND CODES *Leave may be requested in 15-minute increments only.*

Check here if the requested Leave is Family Medical Leave, Military Leave or Workers Compensation related. (Provide documentation).

	<i>Hours/Minutes</i>		<i>Hours/Minutes</i>
<input type="checkbox"/> 30 - ANNL Annual	_____	<input type="checkbox"/> 37 - CP10 Comp (1.0)	_____
<input type="checkbox"/> 31 - SICK Sick	_____	<input type="checkbox"/> 37 - CP15 Comp (1.5)	_____
<input type="checkbox"/> 32 - MILV Military	_____	<input type="checkbox"/> 38 - EMBD Employee Birthday	_____
<input type="checkbox"/> 33 - HLDY Holiday	_____	<input type="checkbox"/> 39 - CATL Catastrophic	_____
<input type="checkbox"/> 34 - CNJL Jury/Witness	_____	<input type="checkbox"/> 40 - ADMP Administrative	_____
<input type="checkbox"/> 35 - LWOP Leave w/o pay	_____	<input type="checkbox"/> 42 - MILD Military Service Disability	_____
<input type="checkbox"/> 36 - WKC_ Job Injury	_____	<input type="checkbox"/> 43 - CEAL Children Educ. Activity	_____
		<input type="checkbox"/> 47 - SHLV Shared	_____

Employee's Signature _____ Date _____

PART III - AUTHORIZATION

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date
Comments for Disapproved	Timekeeper's Signature	Date

Leave Balance Affected			
Type	Bal at beg of week	Leave (-) used in week Leave (+) earned in week	End of wk balance
Annual			
Sick			
Holiday			
FMLA			
Other			