

CIVILIAN EMPLOYEE REQUEST FOR NON-ROUTINE LEAVE

1. To assure proper documentation of leave this form should be completed fully and forwarded to Defense Civilian Pay System (DCPS) Customer Service Representative prior to leave being used. A copy should be kept on file by the activity timekeeper.

2. Activity policies concerning non-routine leave requests should be reviewed prior to submissions or decisions concerning such requests. Points to be considered are:

- a. Effect of employee's absence on workload
- b. Employee's leave record
- c. Seriousness of illness (in case of advanced sick leave)
- d. Use of accrued annual leave prior to advancing sick leave
- e. Probability of return to duty

PART I TO BE COMPLETED BY REQUESTING EMPLOYEE

EMPLOYEE'S NAME (Last, first, middle initial)

EMPLOYEE'S TITLE, GRADE AND CODE

WORK TELEPHONE

TYPE OF LEAVE REQUESTED:

____ ADVANCED ANNUAL LEAVE

____ LEAVE WITHOUT PAY IN EXCESS OF 10 DAYS

____ ADVANCED SICK LEAVE
(Doctor's statement must be attached stating nature of illness or limitations and dates employee cannot work.)

____ FAMILY MEDICAL LEAVE
(Appropriate documentation must be attached including doctor's statement of illness related request.)

____ days of FML used year to date

____ FAMILY FRIENDLY LEAVE

____ hours of FFL used year to date

____ hours of personal sick leave now available

____ hours of sick leave used for personal needs year to date

____ RESTORED LEAVE
(Attached documents required by S/HHRO INST 12630.1A)

PERIOD COVERED BY LEAVE REQUEST

FROM _____ TO _____

FOR _____ HOURS

REASON FOR REQUEST

EMPLOYEE'S SIGNATURE

DATE

PART II FOR APPROVING OFFICE USE ONLY
 HOURS APPROVED HOURS DISAPPROVED

DATE _____ SIGNATURE OF IMMEDIATE SUPERVISOR _____

DATE _____ SIGNATURE OF DIVISION DIRECTOR OR EQUIVALENT _____

COMMENTS:

FOR DCPS CUSTOMER SERVICE USE ONLY:

NAME OF ORGANIZATION _____ UIC _____ ACTIVITY CODE _____

POC _____ TELEPHONE NUMBER _____