



EXTENDED LEAVE REQUEST FORM

FOR ABSENCES OF 30 DAYS OR MORE

This does not include Shared Leave or other protected leaves such as FMLA, PFML, Military Leave, Leave as an Accommodation

Route to MILDLHRAIStaff@mil.wa.gov

EMPLOYEE INFORMATION

Name (Last, First, MI)		Personnel Number
Division		Job Classification
Home Address (Street, City, Zip)		
Work Phone Number	Home Phone Number	Cell Phone Number
Work Email Address		Home Email Address

INFORMATION REGARDING EXTENDED ABSENCE

Requested Start Date	Return Date (write anticipated date if you do not know the exact date)
Leave is requested for the following reason(s):	
Additional information or justification (if appropriate).	
Are you requesting to utilize 8 hours or more of leave per month to maintain your employee benefits? Yes No	
Do you understand that you have a responsibility to contact the Payroll Office if your extended absence is approved? Yes No	
<i>By my signature, I certify that this information is true and complete to the best of my knowledge. I understand that I have a responsibility to provide an updated leave of absence request form if my military leave of absence is extended.</i>	
Name:	
Date:	

NOTIFICATION PROCESS

Office / Function	Signature	Date
Supervisor		
Division Director or Designee		

COMMENTS:

HUMAN RESOURCE REVIEW / PROCESSING

Office / Function	Signature	Date
HR Division Director or designee		

Date keyed into HRMS (if required) - HR	Extended leave log updated - HR	Employee met with Payroll (if required)	Leave keyed into My Portal/ leave slip submitted - Payroll

Distribution:

Original maintained in Employee Personnel File
Copies distributed to:

- Payroll
- Employee
- Employee Supervisor