Request for Authorized Leave

MISSISSIPPI LIBRARY COMMISSION
LEADERSHIP ADVOCACY SERVICE

Employee Name:

Job Title:

Program:

PIN#:

Timesheet start date

Timesheet end date:

Date	From (Time)	To (Time)	# of Hours	Type of Leave (Use Code)	FMLA	Supervisor Approval Initials/Date
		Total Hours:	0.00			

Codes for Type of Leave:
PERLV - Personal Leave
PLMED - 1st Day Sick
CL - Compensatory Leave
CLS - 1st Day Sick (comp)
MLMED - Family Member Sick
MLPER - Employee Sick
MLPRG - Pregnancy
MLDEA - Death in Family
ULWOP - Leave Without Pay
JURY - Jury Duty
O - Other
WC - Workers Comp

*Lowest increment of Time:
.25 = 15 minutes

Please Note:
*Death in family ("immediate Family" as defined in State Employee Handbook)
*The initial 8 hours of leave relating to any medical condition must be personal leave/compensatory leave
*Absence due to illness of more than 32 consecutive hours of any combined leave must have doctor's statement attached
*Other leave must have explanation attached

Employee Signature

Date

Supervisor Signature

Date