

**Mississippi Department of Education
LEAVE FORM**

This form is to be utilized for earning compensatory leave and for taking leave of any type. Leave of absence requests must be accompanied by the appropriate documents required by the Human Resources Office. The Mississippi Department of Education's leave policies and procedures are found in Section 8.0 of the Department's Employee Policies and Procedures Manual.

Name: _____	PID# _____	Pin: _____
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Date of Requested Leave	Time		Type of Leave Requested	SPAHR Code	No. of Hours Requested
	From	To			
			Sick*	PLMED	
			Sick*	MLMED	
			Personal	PERLV	
			Death (Specify Relationship) _____	MLDEA	
			Military	MILIT	
			Jury Duty	JURY	
			Chronic	MLCHR	
			Comp Time Taken	CPTIM	
			FLSA Comp Time Taken (Straight Rate)	CPTFL	
			Comp Time Earned (see below)	EXTWK	
			Leave without Pay	ULWOP	
			Hrs. Wk on Holiday	HOLFL	
			Take Floating Holiday	HOLFT	
			Family Medical Leave	UFMLA	
			Family Medical Leave (Personal)	PLFAM	
			Family Medical Leave (Medical)	MLFAM	
			Gov't Authorized Inclement Weather	WEATH	
			Other		

**In case of illness, a Doctor's Certificate will be required if an employee is required to use thirty-two or more consecutive hours of sick leave. (The first 8 hours will be charged as Personal Leave - thereafter, sick days will be charged as medical leave.)*

Signature of Employee Date _____

Immediate Supervisor: _____
Signature/Title Date: _____

APPROVED
 DISAPPROVED Disapproval Reason: _____

To be completed PRIOR to compensatory time being earned:

Date to be worked: _____ Est. hours to work: _____

Reason/Purpose (Be specific): _____

Signature of Supervisor Date: _____
Signature of Employee Date: _____

Signature of supervisor acknowledges that this employee is required to work beyond normal working hours, and has requested to earn this compensatory time prior to earning it.