



State of Rhode Island
Department of Administration
Employee Leave Request Form

- Vacation, personal leave, compensatory time (if applicable) must be requested at least 24 hours in advance if possible
- For extended leaves, requests must be submitted in advance equal to the amount of time being requested (i.e. 3 vacation days = 3 days advance notice). This provision will be exempted for emergency situations.
- Immediate supervisor must be notified, if possible, no later than thirty (30) minutes after the scheduled starting time if sick leave, family sick leave or bereavement is required
- A separate form should be submitted for each block of time requested

Employee Name: _____ Division: _____

Number of Days Requested: _____ Beginning: _____ Ending: _____

Date Returning to Work: _____

TYPE OF REQUEST

Table with 3 columns: Request Type, # of Hours, Request Type, # of Hours, Request Type, # of Hours. Rows include Vacation, Personal Time, Bereavement, Special Time Off, Sick, Family Sick, Jury Duty, Military Leave, Deferred Vacation, Frozen Vacation, Leave Without Pay, Other (Explain in Note).

Note:

Empty rectangular box for notes.

EMPLOYEE CERTIFICATION

I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that time away from work is subject to management approval and personnel policies.

Employee Signature _____ Date _____

APPROVAL

Approval of this time off is conditional upon sufficient staff coverage of the office and accrued hours to cover this absence.

APPROVED

Yes

Empty box for Yes approval.

No

Empty box for No approval.

Manager Approval Signature _____ Date _____