	Montana Mental Health Nursing Care Center **Policy Manual**	Policy Number	405
		Original Date	05/15/1989
	Department: Personnel	Revised Date	01/09/2014
	Employee Request Form		

POLICY:

Employee requests for any leave of absence, to work compensatory time and approval for compensatory time worked will be documented on a State of Montana Employee Request Form.

PROCEDURE:

1. The State of Montana Employee Request Form will be provided in triplicate. (Attachment #1)

   A. The white original copy will be sent to the payroll office.

   B. The yellow copy will be returned to the employee once the supervisor has taken action.

   C. The pink copy will be retained by the supervisor.

2. The form will be completed as much in advance as possible for leaves or requests to work compensatory time. If the form cannot be completed in advance it must be completed and submitted on the first day the employee returns to work. If leave forms are not completed, compensation may be withheld until the form is submitted.

3. The form will be completed fully in each section as described below.

   A. Heading - The heading must contain the name only. Social Security Number is not required.

   B. Request for Leave of Absence

      1. Indicate the month and year for which you are requesting to take the leave, in the spaces provided

      2. There are six categories listed for the type of leave you are requesting to use during your absence (vacation, sick, etc.) Fill in the amount of time in hours you are requesting for each day of leave in the squares below the appropriate dates and on the same line as the type of leave you are requesting. More than one type of leave may be requested on the same form.

3. Under Total Hours, list the total amount of time that you are requesting on the same line as type of leave you are requesting.

4. For Sick Leave Usage, indicate in the explanation section your reason for this request.

5. The employee will sign and date the form on the day of the request.

6. The supervisor will indicate whether this request has been Approved, Not Approved, or if there is a Change Required will be noted. Your Supervisor will then sign and date the form.

C. Approval For or Request to Work Compensatory Time for eligible employees - Compensatory time needs to be approved before it is worked.

1. Indicate in the appropriate square whether you are requesting Approval to Work Compensatory Time or Approval for Compensatory Time Already Worked.
2. Indicate the month and year you are requesting to work compensatory time.

3. In the “hours requested” section, list the amount of hours that are to be worked each day under the appropriate date.

4. Under the Reason section, give an explanation of why this compensatory time is necessary.

5. Sign and date the form.

6. Your supervisor will indicate in the squares provided whether this request has been Approved, Not Approved, or if there is a Change Required. An explanation for Not Approved or Change Required will be filled out. Your Supervisor will then sign and date the form.

4. Failure to complete the form in a timely manner may cause an employee not to receive time or leave requested.