



STATE OF MONTANA

EMPLOYEE REQUEST FORM

Employee Name (Last) (First) (Middle Initial) Social Security Number

Division/Facility Work Location

REQUEST FOR LEAVE OF ABSENCE

Record Number of Hours Under the Appropriate Date(s) Below Month: Year:

Table with columns for DATES (1-31) and Total Hours, and rows for Vacation, Sick Leave, Holiday Leave, Comp. Time Off, Leave W/O Pay, and Other.

EXPLANATION: Employee's Signature Date

EXPLANATION: Supervisor's Signature Date
[] Approved [] Not Approved (Explain) [] Change Required (Explain)

MEDICAL STATEMENT

Date of Treatment Date Discharged From Treatment

Employee Not to Return to Work Until This Date

Explanation of Illness, Injury, or Treatment (include restrictions, if any)

Signature of Physician Date

APPROVAL FOR OR REQUEST TO WORK COMPENSATORY TIME

[] Approval to Work Compensatory Time [] Approval for Compensatory Time Already Worked Month: Year:

Table with columns for DATES (1-31) and Total Hours, and a row for Hours Requested.

Reason:

Employee's Signature Date

EXPLANATION: Supervisor's Signature Date
[] Approved [] Not Approved (Explain) [] Change Required (Explain)