

**Arizona Department of Administration
REQUEST FOR PAYMENT OF ANNUAL LEAVE**

Check One: Employee Initiated (Complete Sections 1 and 2 and submit to immediate supervisor)
 Management Initiated (Complete Sections 1 and 3 and forward for approvals)

SECTION 1 - Employee Information

Employee Name _____ EIN _____
 Position Title _____ Position Number _____
 Division _____ Section _____
 Work Location _____ Phone Number _____
 Covered Employee? Yes No Number of Hours of Accrued Leave _____
 Subject to available funding, I am requesting payment for _____ hours
 Reason for request/justification (attach additional sheets if necessary)

SECTION 2 (complete if employee initiated request)

Please review and initial next to each item below, acknowledging:

- I have not submitted a notice of resignation
- I have not received payment for annual leave within the current fiscal year
- I have not received payment for annual leave within the past 12 months
- I have used at least 40 hours of annual leave within the past 12 months
- This payment, if approved, will not reduce my annual leave balance below 40 hours

SECTION 3 (complete if management initiated)

This payout will* will not reduce the employee's annual leave balance below 240 hours (320 hours if employee is uncovered.)

* *Employee concurrence required*

Employee Signature _____ Date _____

SECTION 4 - Division Recommendations

	RECOMMEND	APPROVAL	DENIAL
<i>Immediate Supervisor Signature</i> _____ <i>Date</i> _____			
<i>Manager Signature</i> _____ <i>Date</i> _____			
<i>Assistant Director Signature</i> _____ <i>Date</i> _____			

SECTION 5 - ADOA Director's Office

	FUNDING	IS AVAILABLE	IS NOT AVAILABLE
<i>ADOA Budget Manager Signature</i> _____ <i>Date</i> _____			
<i>ADOA Deputy Director Signature</i> _____ <i>Date</i> _____			
<i>ADOA Director Signature</i> _____ <i>Date</i> _____		APPROVE	DENY

Original: ADOA Payroll; cc: Employee, Employee's Supervisor, Assistant Director