

ADMINISTRATIVE LEAVE JUSTIFICATION FORM

Agencies are required to submit this form no later than five working days prior to an employee's administrative leave extending beyond 240 working hours

Agency Information

Agency Name

Request Submitted By Date

Employee Information

Employee Name Employee EIN

Employee Status Administrative Leave Start Date

Number of Hours Employee Has Been on Administrative Leave Anticipated End Date (Required)

Please provide a detailed description of the reason the employee is on administrative leave

Please provide sufficient justification why the agency is requesting approval to continue this employee on administrative leave in excess of 240 working hours pursuant to State Personnel Rule R2-5A-B604. Attach additional pages if necessary.

AGENCY RECOMMENDATIONS

Agency Head Signature Date

RECOMMENDATION APPROVAL DENIAL

Agency Chief Human Resources Signature Date

RECOMMENDATION APPROVAL DENIAL

Please submit this form electronically to: humanresources@azdoa.gov.

FOR ARIZONA DEPARTMENT OF ADMINISTRATION USE ONLY

ADOA Deputy Director of Operations or Designee Signature Date

DETERMINATION APPROVED DENIED

Comments