

### 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](mailto:humanresources@azdoa.gov)

#### FOR ARIZONA DEPARTMENT OF ADMINISTRATION USE ONLY

ADOA Deputy Director of Operations or Designee Signature  Date

DETERMINATION  APPROVED  DENIED

Comments