

STATE OF HAWAII
REQUEST FOR APPROVAL FOR DEPARTMENT-DIRECTED LEAVE
(POLICY NO. 501.002 - ATTACHMENT A)

Date: _____

TO: Director, Department of Human Resources Development
FAX: (808) 587-1106 _____ pages total

FROM: Director, Department of _____

SUBJECT: Request for Approval: Department-Directed Leave

Name of Employee:

Position Title:

Worksite/Description Location:

Complete this form when it is determined that it is in the best interest of the department that an employee be placed on leave. Fax or email the completed form and attachments to the HRD Director/Deputy Director. The written approval/disapproval will be returned to you. If approved, record the leave on the *Attendance and Leave Record* form by entering "DDL" for the appropriate number of days.

Please provide the following information by attaching your response on a separate sheet(s) of paper:

1. Factual circumstances justifying removal or preclusion from the worksite, including written statements of witnesses.
2. Relevant history of similar behavior, if any.
3. Relevant disciplinary action taken, if any.
4. Relevant medical information, if any.
5. Relevant non-work related information, if any.
6. Analysis of other types of leaves available, if any.
7. Any other relevant factual information.
8. Proposed plan of action to be taken during the department-directed leave.

This form must be submitted no later than the first work day following the department director's request for approval of the leave.

Approved/Disapproved:

Director of Human Resources Development

Date