

STATE OF HAWAII

APPLICATION FOR LEAVE OF ABSENCE

DATE _____

I, _____, apply for a leave of absence as follows:

(PRINT YOUR NAME CLEARLY)

a. WITH PAY, charged to _____ of _____ working

(TYPE OF LEAVE)

for the calendar period from _____ to _____ :

(DAY)

(MONTH)

(YEAR)

(DAY)

(MONTH)

(YEAR)

b. WITHOUT PAY, for the purpose of _____

(TYPE OF LEAVE)*

for the calendar period from _____ to _____ :

(DAY)

(MONTH)

(YEAR)

(DAY)

(MONTH)

(YEAR)

A doctor's certificate _____ attached.

(IS) (IS NOT)

(SIGNATURE OF EMPLOYEE)

Date: _____. Approval _____ recommended.

(IS) (IS NOT)

(SIGNATURE OF SUPERVISOR)

Date: _____. Approval _____ granted.

(IS) (IS NOT)

(SIGNATURE OF DEPT. HEAD)

THE USE OF THIS SECTION IS NOT MANDATORY.
DEPARTMENTS MAY UTILIZE ONLY SUCH ITEMS CONSIDERED NECESSARY BY THEM.

LEAVE STATUS OF EMPLOYEE

VACATION

SICK LEAVE

1. Credits accumulated as of Jan. 1, this year.....	_____	_____
2. PLUS credit earned from Jan. 1 to date.....	_____	_____
3. Total credits to date.....	_____	_____
4. LESS leave taken from Jan. 1 to date.....	_____	_____
5. NET or unused leave credits as of this date.....	_____	_____
6. Number of days leave taken LAST YEAR.....	_____	_____

INSTRUCTIONS

1. This form is to be retained by each department for its use. Only when a specific need arises, such as an appeal hearing, will the Dept. of Personnel Services request that these forms be submitted.
 2. Each department will specify the number of copies to be prepared by its employees.
 3. One copy of this form will be given to the employee who has taken a leave.
 4. FOR ALL LEAVES WITHOUT PAY AND SUSPENSIONS – Such cases will be reported through State DPS Form 5, to the Dept. of Personnel Services and the State Comptroller
- * Types of leaves – Such as vacation, sick, maternity, health, military, education, sabbatical, etc.