

## TDCJ LEAVE REQUEST

Name (Print Last, First, Middle Initial)	Payee ID Number	TDCJ Unit/Department
Position Title	Salary Group and Rate	Months of State Service

### Section I: Accrued Paid Leave Entitlements - All Categories

Check Type of Leave Requested	Current Leave Balances	From: (Date & Time)	To: (Date & Time)	Hours/Minutes
<input type="checkbox"/> Sick Leave <input type="checkbox"/> Self <input type="checkbox"/> Immediate Family				
<input type="checkbox"/> Donated Sick Leave				
<input type="checkbox"/> Overtime				
<input type="checkbox"/> Compensatory Leave				
<input type="checkbox"/> Holiday				
<input type="checkbox"/> Vacation				

Supervisor	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____	Date: _____
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Alternate Date for Compensatory/Holiday Leave: \_\_\_\_\_

### Section II: Leave With Pay (Non-Accrued) - All Categories

Check Type of Leave Requested	From: (Date & Time)	To: (Date & Time)
<input type="checkbox"/> Extended Sick Leave		
<input type="checkbox"/> Military Leave <input type="checkbox"/> Annual Reserve Training <input type="checkbox"/> State Emergency Duty <input type="checkbox"/> Federal Declared Emergency Active Duty		
Administrative Leave <input type="checkbox"/> Death in Immediate Family <input type="checkbox"/> Adverse Weather (DM Required) <input type="checkbox"/> Reserve Law Enforcement Training <input type="checkbox"/> Jury Duty <input type="checkbox"/> State EMS/Firefighting Volunteer Training <input type="checkbox"/> Service Dog Training <input type="checkbox"/> Veterans Health Administration Leave <input type="checkbox"/> Other (Describe below)		

Warden or Dept. Head	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____	Date: _____
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Human Resources Director	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____	Date: _____
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### Administrative Leave Requiring Executive Director Approval

Executive Director	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____	Date: _____
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### Section III: Leave Without Pay (LWOP) - All Categories

Check Type of Leave Requested	From: (Date & Time)	To: (Date & Time)
<input type="checkbox"/> LWOP/Military		
<input type="checkbox"/> LWOP/Medical (FML, Sick Leave, Workers' Comp)		
<input type="checkbox"/> LWOP/Parental		
<input type="checkbox"/> LWOP/Other		

Warden or Dept. Head	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____	Date: _____
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### Section IV: Employee Comments and Signature

Employee Comments: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to Employee:** With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.