

**Oklahoma Department of Corrections  
Paid Leave Request Form**

**To Be Completed By The Employee:**

<b>Name (PRINT)</b>	<b>State Employee ID#</b>	<b>Job Title</b>
<b>Regular Days Off</b>	<b>Regular Scheduled Work Hours</b>	<b>Facility/Unit</b>

Approval is requested for the following time period:

Beginning: \_\_\_\_\_  
Time                      Date

Type of Leave Requested (Check ☒ one):

Ending: \_\_\_\_\_  
Time                      Date

- ☐ **Sick Leave:** I certify that I am unable to work because of sickness, injury, pregnancy, or medical, surgical, dental or optical examination or treatment. I understand that my request for sick leave will be reviewed for designation as family and medical leave and that I am required to produce a health care provider statement or medical certification as requested by my supervisor.
- ☐ **Enforced Leave:** I certify that I must care for a member of my immediate family or household because of illness or injury, or there has been a death in my immediate family or household, or I have had a personal disaster (unforeseen, catastrophic event). I understand that enforced leave is charged to my accrued sick leave balance, may not exceed 10 working days in any calendar year, and that I am required to produce documentation of the need for enforced leave as requested by my supervisor.
- ☐ **Organizational Leave:** I certify that this request is for the purpose of attending a meeting of a job related organization of which I am a member and that there will be no lobbying activities. I understand that such leave is limited to 3 days per year. Meeting or conference agenda is attached.
- ☐ **Military Leave:** (limited to 30 working days per federal fiscal year, October 1 through September 30) Orders are attached or will be provided immediately upon my return to work.
- ☐ **Jury/Court Leave:** Documentation is attached.
- ☐ **Personal Time Off** (paid leave not covered by any of the above leave programs):  
Personal time off from work will be charged to Holiday or Compensatory time (exempt employees only) or Administrative (hazardous weather) Leave or Annual leave as approved by the supervisor

**Note: Time off from work may be used to adjust hours within the FLSA work period in lieu of charging the absence to accrued time or leave.**

I certify that any request for leave is in accordance with any laws or rules governing such leave and I understand that leave will be denied (and approved leave rescinded) if the absence exceeds accrued balances or limits.

_____ Signature of Employee	_____ Date
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**To Be Completed By the Supervisor:**

Your request has been: ☐ Approved  
☐ Denied/Reason for denial of organizational leave: \_\_\_\_\_

This request for leave has been reviewed for designation as family and medical leave (FMLA) and the following determination made:

☐ Leave has been designated as FMLA until \_\_\_\_\_ and will be counted toward the annual 12 week entitlement                      Date

☐ Leave has not been designated as FMLA

This request for leave has been reviewed for designation as military family leave (MFMLA) and the following determination made:

☐ Leave has been designated as MFMLA until \_\_\_\_\_ and will be counted toward the annual 12 week exigency entitlement                      Date

☐ Leave has been designated as MFMLA until \_\_\_\_\_ and will be counted toward the annual 26 week caregiver entitlement                      Date

☐ Leave has not been designated as MFMLA

**My signature certifies that I have reviewed the above information and it is correct to the best of my knowledge. It also certifies that if the leave has been designated as FMLA &/or MFMLA then I have provided the requesting employee with the "Employer's Notice to Employee" (FMLA)/(MFMLA) – Side 2 of Attachment A for OP-110355.**

_____ Signature of Supervisor	_____ Date
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**Distribution:      Original to Personnel File**

**Copy to Employee**

Attachment A  
OP-110355  
Side 1  
(R 10/18)

### **Employer's Notice to Employee (FMLA)**

1. All leave designated as family and medical leave (FMLA) will be counted towards your annual 12 week entitlement.
2. Family and medical leave may be paid or unpaid and you may elect to use accrued sick or annual leave, or compensatory time (exempt employees only) in lieu of unpaid leave. Your failure to specify that a leave request is for family and medical leave does not prevent the department from designating leave as family and medical leave when appropriate.
3. If medical certification is required or has been requested:

Failure to provide complete medical certification may result in denial or delay of requested leave

Additional medical certification will be required not more often than every 30 days or when you request an extension of intermittent leave or leave that was originally approved for more than 30 days. The department may also require recertification if the circumstances described in your current certification change significantly or we receive information that casts doubt on your stated reason for absence.

4. You may be required to provide the department with certification that you are fit for duty prior to returning to work for any absence that was taken for your own serious illness. This requirement will not apply when leave is taken on an intermittent basis.

### **Employer's Notice to Employee (MFMLA)**

1. All leave designated as military family leave (MFMLA) for a qualifying exigency will be counted towards your annual 12 week entitlement. This entitlement in combination with any use of family and medical leave (FMLA) cannot exceed 12 work weeks (480 hours) total during a 12 month period.
2. All leave designated as military family leave (MFMLA) to care for a covered military service member will be counted towards your annual 26 week entitlement. This entitlement in combination with any use of family and medical leave (FMLA) and/or any use of military family leave (MFLMA) for a qualifying exigency cannot exceed 26 work weeks (1040 hours) total during a single 12 month period. However, this will not limit the availability of leave under standard FMLA or MFMLA for a qualifying exigency during any other 12 month period.
3. Military family leave may be paid or unpaid and you may elect to use accrued sick or annual leave, or compensatory time (exempt employees only) in lieu of unpaid leave.
4. If the military service member medical certification is required or has been requested, failure to provide a completed military service member medical certification may result in denial or delay of requested leave.
5. The department may require you to provide confirmation that an instance of intermittent leave is related to the military family leave event for which the MFMLA intermittent leave was originally granted.