

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"/> Authorized Training/Duty <input type="checkbox"/> State Active Duty <input type="checkbox"/> Federal Active Duty	** Refer to PD-76 **	
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"/> Veterans Health Administration Leave <input type="checkbox"/> Service Dog Training <input type="checkbox"/> State EMS/Firefighting/Search and Rescue Volunteer Training <input type="checkbox"/> Urban Search and Rescue <input type="checkbox"/> Other (Describe below)	** Refer to PD-49 **	

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.