|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First** |  | | | | **M.I.** |  | **Last** |  |
| **Division/Section** | |  | | | | | | |
| **Personnel No.** | |  | | | | | | |
| **Hours Requested** | | |  | | | | | |
| **Effective Date** | | |  | | | | | |
| **Date Returned to Work** | | | |  | | | | |
|  | | | |  | | | | |
| **Reason(s):** | | | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee’s Signature** |  | | | | | **Date:** |  |
|  |  | | | | |  |  |
| **Supervisor’s Signature:** | |  | | | | **Date:** |  |
|  | |  | | | |  |  |
| **Div. Director’s Signature:** | | |  | | | **Date:** |  |
|  | | |  | | |  |  |
| **HR Dir/Designee Signature:** | | | |  | | **Date:** |  |
|  | | | |  | |  |  |
| **Exec. Dir/Designee Signature:** | | | | |  | **Date:** |  |
|  | | | | |  |  |  |
| **Please e-mail form to Administrative Services Human Resources at** [**HR@admin.sc.gov**](mailto:HR@admin.sc.gov) | | | | | | | |