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

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |