

STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789

MEMORANDUM

TO: SEE DISTRIBUTION

FROM: Gregory L. Wayt, Major General (Ohio), The Adjutant General 

DATE: January 5, 2005

SUBJECT: POLICY - State Employee Procedure Letter #31
State of Ohio Request For Leave Form

1. **PURPOSE:** All agencies, boards, and commissions in the State of Ohio government structure have converted to one standard statewide state employee request for leave form (ADM 4258-copy attached).

2. **FORM DISTRIBUTION:** The ADM 4258 is available:

- a. By reproducing the attached copy of the form.
- b. Through the State of Ohio's web-site. The web address is: www.gsd.das.state.oh.us/forms/okf.htm. The form on the web-site may be completed on-line and printed or hand-written.

6. **DOCUMENTS REQUIRED TO SUPPORT REQUEST FOR LEAVE (ADM 4258):**

- a. Military Leave: See AGOH Policy Letter #16. Each request for military leave must include a copy of the duty appointment orders or a written statement from the appropriate military commander. Attach these items to the ADM 4258 and then attach to the time and attendance form (AGN 0023) and submit to AGOH-SHRD.
- b. Sick leave or other leave used in lieu of sick leave: Attach supporting documents in accordance with AGOH Policy Letter #5 (Sick Leave For Exempt Employees) and/or AGOH Policy Letter #25 (Sick Leave For Bargaining Unit Employees).

7. **LEAVE REQUEST SPLIT BETWEEN TWO SEPARATE PAY PERIODS:** When an employee requests continuous leave which is split between two separate pay periods (e.g., 5 days vacation in one pay period and 3 days vacation in the next pay period), then a separate ADM 4258 is required for each pay period.

8. **MULTIPLE LEAVES IN THE SAME DAY:** If a person desires to use two or more leave categories in the same day (e.g., 2 hours vacation and 3 hours sick leave in the same day), the same ADM 4258 may be used.

9. **PROCEDURE/DISTRIBUTION OF COPIES.**

- a. Employee completes all items through the employee signature line and submits the ADM 4258 to his/her supervisor prior to the leave (except for call-in sick leave or emergency situations).

***This memorandum supersedes State Employee Procedure Letter #31 dated 6 June 1994.**

AGOH-SHRD

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- b. Supervisor reviews the leave request, discusses it with the employee if necessary; completes the sick leave data verification (if request is for sick leave or leave in lieu of sick leave); recommends approval or disapproval; signs; enters appropriate remarks; gives a signed copy to the employee; attaches the original ADM 4258 to the State Employee Time and Attendance Report (AGN Form 0023 or 0042); and submits the ADM 4258 with the T & A form to AGOH-SHRD at the end of each pay period.
- c. AGOH-SHRD will receive and review the ADM 4258 with the T & A Report and post the leave to the payroll system.
- d. After the payroll is processed, the original ADM 4258 will be kept with payroll records.

Enclosure (1)

1 – State of Ohio Form ADM 4258

DISTRIBUTION:

AD + 1 copy each State Employee

State of Ohio
Request For Leave

Name	(Last)	(First)	(Middle Initial)	Date
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Employing Unit _____

I request leave

Beginning _____ A. M. P. M. _____ (date), _____ (year), and

Ending _____ A. M. P. M. _____ (date), _____ (year), for the following reason:

Mark Appropriate Boxes Below:

Sick Leave # of Hours _____ (Explain)

<input type="checkbox"/> Vacation # of Hours _____	<input type="checkbox"/> Personal # of Hours _____	<input type="checkbox"/> Compensatory # of Hours _____
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Leave Without Pay (Explain)

<input type="checkbox"/> Bereavement	Name of Deceased	Relationship	Date of death
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(Attach copy of subpoena or summons)

Jury Duty Witness Duty

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

Military With Pay Military Without Pay

<input type="checkbox"/> Adoption / Childbirth Leave	Event Date	Do you wish to supplement?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Pending Disability	<input type="checkbox"/> Pending Workers' Compensation	Do you wish to supplement?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Other (Explain)	Is this absence due to a condition for which an FMLA Certification form is on file?	Total Hours Requested
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I have insufficient sick leave for the above request. I request the following in lieu of sick leave:

Vacation Personal

Compensatory Leave Without Pay

I certify that this request for leave form contains true and complete information.

Signature of Employee

Administrative Action

<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Supervisor Signature _____ Date _____	Appointing Authority Signature _____ Date _____

Remarks	Remarks
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