



State Agency Emergency Paid Leave Request Form

Agency Name: _____ Name of person completing form: _____

Phone number: _____ Email: _____ Date: _____

Date of Event/Emergency: _____ Duration of Event/Emergency: _____

Type of Event/Emergency: _____ Weather related: Yes No

Location/Address of Emergency: _____ # of Employees affected: _____

Bargaining Unit of Employees affected: (please list): _____

Explain event/emergency:

Actions agency took to mitigate impact:

MMB USE ONLY:	
Reviewed By: _____	Date of Review: _____
Approved	Denied
Special Comments:	