

**Arizona State Personnel System  
ADMINISTRATIVE LEAVE JUSTIFICATION FORM**

*Agencies are required to submit this form no later than five working days prior to an employee's administrative leave extending beyond 240 working hours*

**Agency Information**

Agency Name

Request Submitted By

Date

**Employee Information**

Employee Name

Employee EIN

Employee Status

Administrative Leave Start Date

Number of Hours Employee Has Been on Administrative Leave

Please provide a detailed description why the employee is on administrative leave below

Anticipated End Date (Required)

Please provide sufficient justification why the agency is requesting approval to continue this employee on administrative leave in excess of 240 working hours pursuant to State Personnel Rule R2-5A-B604. Attach additional pages if necessary.

**AGENCY RECOMMENDATIONS**

<i>Agency Head Signature</i>	<i>Date</i>	RECOMMEND	APPROVAL	DENIAL
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<i>Agency Chief Human Resources Officer Signature</i>	<i>Date</i>	RECOMMEND	APPROVAL	DENIAL
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**Please submit this form electronically to: [humanresources@azdoa.gov](mailto:humanresources@azdoa.gov).**

**FOR ARIZONA DEPARTMENT OF ADMINISTRATION USE ONLY**

<i>Human Resources Deputy Director of Operations</i>	<i>Date</i>		APPROVED		DENIED
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Comments: