



Your Agency Letterhead

TO: Name, Title, Employee ID

FROM: Agency Appointing Authority (**AA signs here**)

DATE:

SUBJECT: Discretionary Leave with Pay

This memorandum serves to inform you that you are being placed on Discretionary Leave with Pay effective **(Date) through (Date)**. **(Provide a statement addressing why the employee is being placed on this type of leave. Policy 12-036 states this type of leave is used for the welfare of the employee or the proper operation of the agency).**

Also include any special instructions to the employee such as contact with his/her supervisor.

If you have any questions or need additional information, you may contact **(Human Resource Director or Other Appropriate Contact)** at **(Telephone Number)**.

I verify by my signature below that I have received a copy of this memorandum.

Employee Signature

Date

CC: