



Civil Air Patrol (CAP) Leave Request Form

This form is to be completed by the departing CAP member at least two weeks prior to departing for Training and Proficiency Activities or as soon as possible before Emergency Service Operations. Please forward orders/directives along with this completed form to the Office of Human Resources (OHR). If you have any questions, contact Leave@SCDPS.gov.

Name		Personnel #	
Division/Office		Personal Phone #:	

Purpose of Leave

- ☐ (A) Training and Proficiency activities, departing on _____.
- ☐ (B) Emergency Service operations, departing on _____.

Civil Air Patrol Leave Usage

The State of SC grants up to 40 days of paid CAP leave annually. Leave entitlements renew January 1 each calendar year. Indicate below if you would like to use paid CAP leave for this event. Select as many applicable options as you prefer.

- ☐ Don't use CAP leave. **CAP leave expires if not used within the calendar year; it does not roll over.**

Training & Proficiency Activities Leave

- ☐ Use available training leave. **Granted 10 days per year.**
- ☐ If training leave balance is exhausted, use emergency leave. **Up to 5 days may be transferred from the available emergency leave balance to use for training activities.**

Emergency Service Operation Leave

- ☐ Use available emergency leave. **Granted 30 days per year.**
- ☐ If emergency leave balance is exhausted, use training leave. **Up to 5 days may be transferred from the available training leave balance to use for emergency operations.**

Annual Leave and Compensatory Time Usage

Employees may choose to use accrued leave in addition to or in place of CAP leave. Please indicate if you would like to use your accrued leave banks during this absence. (Note: comp time must be used prior to annual leave)

- ☐ Don't use compensatory/annual leave.
- ☐ Use available compensatory time and annual leave. **Max 30 days of annual leave per calendar year.**
- ☐ Use a portion of compensatory/annual leave and save the rest (specify below):

By signing below, I acknowledge my understanding of the following:

- Days of CAP leave are calculated based on my average workday. One day is equivalent to either 7.5, 8, or 8.6 hours depending on whether I am assigned to a 37.5, 40, or 43-hr/week schedule, respectively.
- When the selected paid leave balances are exhausted or unavailable, I will be placed on leave without pay (LWOP) and will be billed for outstanding benefits premiums during unpaid leave.
- I understand that if leave is taken for Emergency Service Operations, I must inform my employer of my intent to return within eight hours of ending participation in the operation, and to physically report back to work within 18 hours of release from service or at the start of my next regular workday, whichever is later.
- I certify that the information provided in this form is accurate and I understand that any falsification of information may lead to disciplinary action up to and including termination.

CAP Member's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____