



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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To: Finance and Accounts - Payroll

Subject: Leave Certification for Direct Deposit

This is to certify that \_\_\_\_\_ has \_\_\_\_\_ hours  
personal leave as of \_\_\_\_\_ .

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**(A minimum of 24 hours personal leave is required.)**