

# LEAVE REPORT/REQUEST

NAME: \_\_\_\_\_ PAYROLL NUMBER: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

DATE(S)/HOURS REQUESTING LEAVE: (LIST WORK DATES AND/ OR HOURS YOU ARE REQUESTING)

DATE		TIME		TOTAL HOURS
From	Through	From	To	

REQUEST IS FOR:

Leave		
<input type="checkbox"/> Vacation  <input type="checkbox"/> Bereavement	<input type="checkbox"/> Holiday  <input type="checkbox"/> Other _____	
Sick Leave		
Illness for:	_____ Self	_____ Immediate Family Member _____ Relationship <small>(see sick leave policy)</small>
Medical Appt for:	_____ Self	_____ Immediate Family Member _____ Relationship <small>(see sick leave policy)</small>
If Employee called in sick:	Date: _____ Time: _____	What were employee's normal scheduled work hours? Date: _____ Time: _____

**Family Medical Leave/Military Leave (FML)** – you may be entitled up to 12 weeks of job protected family medical leave or up to 26 weeks of job protected military family leave.. You are entitled to FML leave if you have been employed for 12 months and have worked at least 1,250 hours over the previous 12 months. FML leave may be used for (1) birth and care of a child, (2) placement and care of an adopted or foster child, (3) a serious health condition of a child parent, spouse, or (4) the employee's own serious health condition. Military Family Leave may be used by eligible employees with a spouse, son, daughter, or parent on active duty or called to active duty status in support of a contingency operation. FMLA also includes a special leave entitlement for eligible employees to care for a covered service member who has a serious injury or illness incurred in the line of duty on active duty. Use and type of concurrent paid leaves depends on individual circumstances. Reference the Leave Policy #110 Exhibit B and C. To request FML please complete the FML Request Form, Exhibit D of Policy #110. For additional information contact Human Resources 422-8033.

I understand that leave must be requested and approved in advance, where foreseeable. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in request. Furthermore I understand that it is my responsibility to ensure I have sufficient accrued leave to use for this request. Unapproved leave without pay shall result in disciplinary action up to and including termination.

DATE: \_\_\_\_\_ REQUESTOR'S SIGNATURE: \_\_\_\_\_

Was Absence Approved?  Yes  No                      Advanced Notice Given?  Yes  No  
 If this leave may be FMLA related refer to Exhibit C of the Leave Policy #110 for FML procedures. Employees must complete a FML Request Form for all FML request. All questions should be directed to Human Resources immediately.

DATE: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_

Below this line is for Administration use only

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Time to Be Charged To:    Sick                      Vacation                      Personal                      Holiday                      Other

Received in Administration: \_\_\_\_\_ Copy sent to Finance/Payroll on: \_\_\_\_\_

Original – Payroll                                      Copy 1 – Supervisor                                      Copy 2-Employee