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**LEAVE OF ABSENCE REQUEST FORM**

**EMPLOYEE NAME**       **ID#**

**LEAVE CODES**

**VAC** Vacation

**PER** Personal

**SIC** Sick (An illness or injury to self or immediate family member) Choose an item.

**BRV** Bereavement (three days maximum) Choose an item.

**JRY** Jury Duty (provide copy of summons or subpoena)

**OTH** Other (provide explanation)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Leave Code** | **Start Date** | **End Date** | **# Hours Used** | **Check Yes if Applies to FMLA\*** |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |

**Note:** Support Staff must record this information on their timecards.

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Please forward the **Original Signed Copy to Payroll** for processing.

Refer to the [Paid Leave Policy 5.30](http://www.eastcentral.edu/board-policies/5-30-paid-leave-benefits/) & [Leave of Absence Policy 5.35](http://www.eastcentral.edu/board-policies/5-35-leaves-of-absence/) for complete details.

**Sick Leave** may be used for reasons of personal illness, injury, or medical appointment of an employee and/or to care for an illness or injury or to attend to a medical appointment of an immediate family member. Immediate family members include the employee’s spouse, children, step-children, foster children, children for which the employee is a legal guardian, employee’s parents, step-parents and foster parents.

**Bereavement Leave** - Up to three consecutive working days of leave with pay will be granted to regular, full-time employees upon the death of a family member. Please refer to Paid Leave Policy 5.30.9 for definition of family members.

\***FMLA** must be approved by Human Resources. Please refer to the [FMLA Policy 5.44](http://www.eastcentral.edu/board-policies/5-44-family-and-medical-leave-act/) for qualifying FMLA leave.