



# EAST CENTRAL COLLEGE

## 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)

**FUR** Furlough

**BRV** Bereavement (three days maximum)

**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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Employee Signature/Date

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Supervisor Signature/Date

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

Refer to the [Paid Leave Policy 5.30](#) & [Leave of Absence Policy 5.35](#) 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](#) for qualifying FMLA leave.