

## 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

Note: Support Staff must record this information on their timecards.						
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Employee Signature/Date		Supervisor Signature/Date				

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

Refer to the Paid Leave Benefits 5.38 & Leave of Absence Policy 5..41 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, stepchildren, 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. Family members are: spouse, child(ren)(step, foster, son-in-law, and daughter-in-law), parents (step, foster and in-laws), grandparents (in-law), grandchildren, brother(in-law), sister(in-law), or any member of the immediate household of the employee.)Please refer to Paid Leave Policy 5.38.9 for more information.

\*FMLA must be approved by Human Resources. Please refer to the FMLA Policy 5.35 for qualifying FMLA leave.