

EAST CENTRAL UNIVERSITY
Request/Approval of Leave Form

Name _____ I.D. _____

Position _____ Department _____

PERIOD(S) OF REQUESTED LEAVE:

When will/did the absence begin (date) _____ a.m. _____ p.m. _____
When will/did you return to work (date) _____ a.m. _____ p.m. _____
How many days leave are you requesting? _____

Indicate the type of leave you are requesting and submit requested documentation. *DO NOT REQUEST LEAVE THAT YOU DO NOT HAVE AVAILABLE TO YOU.*

- | | |
|--|-------------|
| <input type="checkbox"/> ANNUAL LEAVE | _____ HOURS |
| <input type="checkbox"/> COMPENSATORY TIME | _____ HOURS |
| <input type="checkbox"/> SICK LEAVE | _____ HOURS |
| <input type="checkbox"/> JURY DUTY (must submit copy of summons to supervisor) | _____ HOURS |
| <input type="checkbox"/> MILITARY LEAVE (taken in accordance with USERRA guidelines) | _____ HOURS |
| <input type="checkbox"/> OTHER (please specify) _____ | _____ HOURS |

Note: To request Family and Medical Leave (FMLA) please complete the Family and Medical Leave Request Form located at the Employment Services website and in room 152 of the Administration Building.

IF EMPLOYEE HAS MISSED THREE (3) CONSECUTIVE WORKDAYS DUE TO ILLNESS, HE/SHE MUST HAVE A DOCTOR'S RELEASE TO RETURN TO WORK.

I certify that I have the above leave available to me. All statements I have made above are correct to the best of my knowledge.

Employee Signature

Date

APPROVAL OF LEAVE BY SUPERVISOR

NOTE: If the employee does not have the type of leave requested available at the time of the absence, the request must be changed to show the correct type of leave before the request is approved.

- EXAMPLES:
1. If an employee has requested sick leave and has no sick leave balance, the request must be changed to vacation leave or leave without pay before it can be approved.
 2. If an employee has requested vacation leave and has no vacation leave balance, the request must be changed to leave without pay before it can be approved.

- Request is **APPROVED**. The employee does have the requested leave available at this time.
 Request is **DENIED**. Undue hardship for the department has been determined.

Department Supervisor Signature

Date

Revised 1/14/2011