

APPLICATION FOR LEAVE

Employee Information:

Agency/Department:	Employee Name:	
Number of Hours of Leave Requested:	From Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	To Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM

Leave Information:

Chargeable Leave	Non-Chargeable Leave					
<input type="checkbox"/> Annual Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> LWOP If FMLA, select one of the following: <input type="checkbox"/> Self <input type="checkbox"/> Military Caregiver <input type="checkbox"/> Family <input type="checkbox"/> Qualifying Exigency	<input type="checkbox"/> Military <input type="checkbox"/> Job Related Education <input type="checkbox"/> Other (explain in comments)	<i>Civil:</i> <input type="checkbox"/> Jury Duty <input type="checkbox"/> Witness Subpoena <input type="checkbox"/> Emergency Civilian <input type="checkbox"/> Voting	<i>Special:</i> <input type="checkbox"/> Funeral <input type="checkbox"/> Office Closure <input type="checkbox"/> Job Related Exam			
Comments:						
If Part-Time, list number of hours worked each day.						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employee Certification: *I CERTIFY THAT MY ABSENCE FROM DUTY WAS FOR THE REASON NOTED ABOVE.*

Employee Signature:	Date:
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Approval:

Supervisor Signature:	Date:
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Leave Definitions:

<p>CHARGEABLE LEAVE: leave taken which reduces accrued leave balances.</p> <ol style="list-style-type: none"> Annual: Leave with pay granted an employee for the purpose of rehabilitation, restoration and maintenance of work efficiency, or transaction of personal affairs. Sick: Leave with pay granted an employee who is suffering with a disability which prevents him from performing his usual duties and responsibilities or who requires medical, dental or optical consultation or treatment. LWOP: Leave without Pay <p>FMLA: (Family Medical Leave Act) approved absence available to eligible employees for up to 12 weeks of leave per year for certain family medical reasons. Self: For employee's own serious health condition. Family: An immediate family member (spouse, child, or parent) with a serious health condition. Unpaid: When paid leave (annual/sick) is exhausted or cannot be used under specific circumstances. Military Caregiver: leave granted to care for a family member who is a covered veteran with a "serious injury or illness".</p>	<p>Qualifying Exigency: may arise when a spouse, son, daughter or parent who is a member of the Armed Forces (including the National Guard and Reserves) and who is on covered active duty or has been notified of an impending call or order to covered active duty.</p> <p>NON-CHARGEABLE LEAVE: leave taken which does not reduce accrued leave balances</p> <ol style="list-style-type: none"> Military: leave granted when called to active military duty; annual training or active duty for training (weekend drills); to conduct mandatory physical to enlist in military. Job Related Education: leave granted to attend a course that is relevant to job and approved per provisions of PM 12. Civil Leave: leave granted to: <ol style="list-style-type: none"> perform jury duty appear as subpoenaed before a court, public body, or commission perform civil duties in connection with national defense or other civil emergencies vote 	<ol style="list-style-type: none"> Funeral: Leave granted when attending the funeral or burial rites of a parent, step-parent, child, step-child, brother, step-brother, sister, step-sister, spouse, mother-in-law, father-in-law, grandparent or grand-child; provided such time off shall not exceed two days on any occasion. Office Closure: Chancellor determines that because of local conditions it would be impossible or impracticable for the employee to report to work. Job Related Exam: leave granted to participate in a State Civil Service Exam or to take other exams pertinent to the employee's position. Other: Any other special or non-chargeable leave request as provided in Chapter 11 of the C.S. Rules
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