

# Faculty & Staff Request for Leave Form



Name: <b>Last, First, MI</b>		Date: <b>m/dd/yy</b>	Employee ID: <input type="checkbox"/> Staff <input type="checkbox"/> Faculty
Department:		Supervisor:	
Your contact information for Benefits to contact you during your leave: <b>Phone:</b> _____ <b>Email:</b> _____			
<b>Anticipated Dates:</b> <b>Begin Leave:</b> m/dd/yy <b>End Leave:</b> m/dd/yy <b>Return to Work:</b> m/dd/yy			
<b>Pay Integration Option</b> You are not required to use your sick and/or vacation if you receive short-term disability insurance payments during your leave. You may however, elect to use any accrued sick or vacation leave to supplement short-term disability insurance payments to keep your income at your pre-leave earnings. If you choose to supplement with accrued sick and vacation leave balances your accrued sick hours will be utilized first. Once your sick leave balance is exhausted to the nearest hour, then any accrued vacation will be utilized and exhausted to the nearest hour, to keep you at your pre-leave earnings for as long as possible during your leave. Please note that sick and vacation accruals less than one hour will not be integrated. In no event, are you able to receive more than 100% of your pre-leave income.  Do you wish to so supplement any short-term disability insurance payments with available sick and vacation hours? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>Mark Appropriate Boxes Below</b>			
<input type="checkbox"/> <b>Full Leave</b> <input type="checkbox"/> <b>Intermittent or Partial Leave</b> (please explain)			
<input type="checkbox"/> <b>Medical Leave for Your Own Serious Health Condition</b> <input type="checkbox"/> <b>Baby Bonding to Care for a Newborn or Newly Adopted Child</b> <input type="checkbox"/> <b>Jury Duty / Witness Duty</b> (attach copy of subpoena or summons) <input type="checkbox"/> <b>Military Leave</b> (attach copy of orders, or other appropriate documentation that supports request for Military Leave) <input type="checkbox"/> <b>Leave without Pay</b> (attach supporting documentation from supervisor/school/department)			
<input type="checkbox"/> <b>Care for a Family Member's Serious Health Condition</b>	Name of Family Member	Relationship	
<input type="checkbox"/> <b>Maternity Leave (includes Pregnancy Disability Leave and Baby Bonding)</b>			Anticipated Delivery Date m/dd/yy
<input type="checkbox"/> <b>Bereavement</b>	Name of Deceased	Relationship	Date of Death m/dd/yy
<input type="checkbox"/> <b>Workers' Compensation</b>			Date of Injury m/dd/yy
I have insufficient sick or vacation accruals for the above request. I request the following:  <input type="checkbox"/> Approved Personal Leave with Pay <input type="checkbox"/> Approved Personal Leave Without Pay <input type="checkbox"/> Donation Pool (please attach request form)		I certify that this request for leave form contains true and complete information.  _____ <b>Employee Signature / Date</b>	
<b>Administrative Action</b>			
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
_____ Supervisor Signature / Date		_____ Appointed Authority Signature / Date	

Once completed, submit to the Human Resources Benefits Office. As an employee, you are responsible for notification of any changes or revisions to this leave request. Please submit all revisions on a new form for review and approval.