



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Empl ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Sick Leave:**

- \_\_\_\_\_ I wish to use all available sick leave benefits this leave.
- \_\_\_\_\_ I do not wish to use sick leave benefits for this leave.
- \_\_\_\_\_ I wish to use the maximum of \_\_\_\_\_ days of sick leave benefit for this leave.
- \_\_\_\_\_ I wish to reserve \_\_\_\_\_ days of sick leave benefit for this approve leave.

**Vacation Time:**

- \_\_\_\_\_ I wish to use all available vacation benefits for this leave.
- \_\_\_\_\_ I do not wish to use available vacation benefits for this leave.
- \_\_\_\_\_ I wish to use the maximum of \_\_\_\_\_ days of vacation benefit for this leave.
- \_\_\_\_\_ I wish to reserve \_\_\_\_\_ days of vacation benefits for this leave.
- \_\_\_\_\_ I am near the maximum of vacation benefits and wish to use vacation benefits only as to not to lose them.

Employee's Signature: on file Date: \_\_\_\_\_

**HRS USE ONLY:**

Civil Service \_\_\_\_\_ Faculty/SPS \_\_\_\_\_ Department Code: \_\_\_\_\_

Category of Leave: \_\_\_\_\_ Eligible for EIL \_\_\_\_\_

Leave Type \_\_\_\_\_ Leave Status: \_\_\_\_\_

FMLA Year: \_\_\_\_\_ Pay Group \_\_\_\_\_ Employee Type \_\_\_\_\_

**Current Leave Dates:**

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Continuous Intermittent Reduced Schedule

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Continuous Intermittent Reduced Schedule

Human Resource Services' Signature \_\_\_\_\_ Date: \_\_\_\_\_

Comments: _____

Electronical copied: Agency    Contract Records and Report    Department    Payroll and Compensation

Approval is granted for your leave of absence with the right to return to the same position or another position in this classification at the expiration of the leave.

**Employee's responsibility:** It is the employee's responsibility to return to work the day after the indicated "end date" specified with a release from the attending physician. If unable to return on the designated date, it is the employee's responsibility to contact the Compliance and Labor Relations Department and provide proper documentation to remain off work.

**Supervisor's responsibility:** It is the supervisor's responsibility to make sure that the employee returns to work on the "end date" with the proper documentation returning them to work. If the employee does not return to work on the designated date, the supervisor must contact the Compliance and Labor Relations Department 753-6011 and report the absence.