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**LEAVE OF ABSENCE REQUEST FORM**

Refer to the [Paid Leave Policy 5.35](http://www.eastcentral.edu/board-policies/5-35-leaves-of-absence/) for details

**EMPLOYEE NAME**       **ID#**

**Leave Codes**

**VAC** Vacation

**PER** Personal

**SIC** Sick (An illness or injury to self or immediate family member) Choose an item.

**BRV** Bereavement (three days maximum) Choose an item.

 **JRY** Jury Duty (provide copy of summons; for court appearances provide a copy of subpoena)

 **OTH** Other (provide explanation)

**Please document start/end dates and hours used:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Leave Code** | **Start Date** | **End Date** | **# Hours Used** | **Check Yes if Applies to FMLA** |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Support Staff must record this information on their timecards.

Supervisor/Division Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Approved [ ]  Denied, reason:

Please forward the **Original Signed Copy to Human Resources**. HR will forward to Payroll for processing. All Supervisors and/or Employees should maintain a copy for their records.