



EAST CENTRAL COLLEGE

LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE NAME

ID#

LEAVE CODES

VAC Vacation

PER Personal

SIC Sick (An illness or injury to self or immediate family member)

FUR Furlough

BRV Bereavement (three days maximum)

JRY Jury Duty (provide copy of summons or subpoena)

OTH Other (provide explanation)

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

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

Employee Signature/Date

Supervisor Signature/Date

Please forward the **Original Signed Copy to Payroll** for processing.

Refer to the [Paid Leave Benefits 5.38](#) & [Leave of Absence Policy 5.41](#) for complete details.

Sick Leave may be used for reasons of personal illness, injury, or medical appointment of an employee and/or to care for an illness or injury or to attend to a medical appointment of an immediate family member. Immediate family members include the employee's spouse, children, step-children, foster children, children for which the employee is a legal guardian, employee's parents, step-parents and foster parents.

Bereavement Leave - Up to three consecutive working days of leave with pay will be granted to regular, full-time employees upon the death of a family member. Family members are: spouse, child(ren)(step, foster, son-in-law, and daughter-in-law), parents (step, foster and in-laws), grandparents (in-law), grandchildren, brother(in-law), sister(in-law), or any member of the immediate household of the employee.)Please refer to Paid Leave Policy 5.38.9 for more information.

***FMLA** must be approved by Human Resources. Please refer to the [FMLA Policy 5.35](#) for qualifying FMLA leave.