

Augusta State University Leave Request Form

Submit to the ASU Physical Plant Accounting office to requestor record time off with the exception of the scheduled holidays. Refer to the Leave Selection Guide below or to the Employee Handbook for more details on the proper use of leave allowances on funeral leave, definitions of immediate family, military leave and miscellaneous leave.

Before submitting, you may wish to contact Personnel at extension 1763 to determine which type of leave to use. Vacation and Sick leave balances are reported on employee paystubs. If there is a question about whether sufficient leave will be available, you will need to contact the Payroll Office at extension 4144.

Bi-weekly personnel must submit this form with their corresponding time sheet. Attach a copy of the physician's statement, court summons or military orders when required. An improperly completed or in incomplete form will be returned unprocessed. (Revised January 2006)

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_ Dept. \_\_\_\_\_

Leave Selection Guide

Note-When requesting sick leave, you must report the relationship of the affected person (self, child, spouse, etc)

SICK LEAVE: Illness, disability due to pregnancy, or injury (self); doctor or dentist visit (self); on-the-job injury (self); illness or injury to an immediate family member (if family member is NOT the spouse or child, sick leave is limited to 10 consecutive days per occurrence); household quarantine; funeral of immediate family member (see Employee Handbook for definition and allowances).

VACATION LEAVE Transporting anyone for a routine visit to the doctor or dentist; vacation; illness of or injury to a person who is not an immediate family member; funeral for other than immediate family; personal business; substitution for sick leave; defendant or plaintiff in court

OTHER LEAVE Jury duty; court witness; military leave; miscellaneous leave (See Employee Handbook)

FAMILY LEAVE Must be employed 12 months by leave start date. Birth of employee's child; adoption of child by employee; serious health condition of employee or of the employee's child, spouse, parent or parent-in-law.

LWOP Paid leave depleted; unauthorized absence; tardiness; pre-approved extended absence.

CHARGE ABSENCE TO:

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| * Sick Leave (SL) _____Hour(s) Date(s)      | Vacation Leave (VL) _____Hour(s) Date(s) |
| Personal Holiday (PH) _____Hour(s) Date(s)  | *Other Leave _____Hour(s) Date(s)        |
| *Family Leave (Unpaid) _____Hour(s) Date(s) | *Leave Without Pay _____Hour(s) Date(s)  |
| Compensatory Time _____Hour(s) Date(s)      |  |

\*List reason(s) for leave: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ (Requester)

Approved \_\_\_\_\_ Date \_\_\_\_\_ (Supervisor)