MEDICAL UNIVERSITY OF SOUTH CAROLINA

REQUEST FOR LEAVE

Last Name _____ First Name _____ M .I. _____

Type Leave Requested: check appropriate box(es). **USE A SEPARATE FORM FOR EACH ABSENCE**

Supplemental Leave	**Annual Leave**	**Leave Without Pay**	**Sick Leave**
Court*	**Is this Family Medical Leave? Yes / (No)**	**Is this Family Medical Leave? Yes / No**	**Is this Family Medical Leave? Yes / No**
Optional Holiday* :			
Worked on Holiday* : _____ Date of Holiday	Vacation	Child Birth**	Child Birth**
Military *	Illness	Personal Illness/Accident**	
Administrative (Assaulted by a patient/client)*	Other - Please explain:	Illness in Family**	Placement for: ☐ Adoption** ☐ Foster Care**
Bone Marrow Donor**	_____	Relationship: _____	
Blood Donation**	_____	Other** - Please explain:	Medical Appointments
Voting	_____	_____	Personal (Illness/Accident)
Death in Family:	_____	_____	☐ 3 days or less ☐ more than 3 days**
_____ Name of Deceased	_____	_____	Illness in Family**
_____ Date and Place of Death		_____	☐ 3 days or less ☐ more than 3 days**
_____ Relationship			Relationship: _____
AMOUNT OF ADMIN. LEAVE REQUESTED: __ __ __ . __ HRS.	AMOUNT OF ANNUAL LEAVE REQUESTED: __ __ __ . __ HRS.	AMOUNT OF LEAVE WITHOUT PAY REQUESTED: __ __ __ . __ HRS.	AMOUNT OF SICK LEAVE REQUESTED: __ __ __ . __HRS.
DATE(S): FROM _____ TO _____ **TIME(S):** FROM _____AM/PM TO _____AM/PM	**DATE(S):** FROM _____ TO _____ **TIME(S):** FROM _____AM/(PM) TO _____AM/(PM)	**DATE(S):** FROM _____ TO _____ **TIME(S):** FROM _____AM/PM TO _____AM/PM	**DATE(S):** FROM _____ TO_____ **TIME(S):** FROM _____AM/PM TO_____AM/PM

*Requires supporting documentation **May require administrative approval and/or medical certification

EMPLOYEE SIGNATURE: _____ **DATE:** _____ **SUPERVISOR APPROVAL:** _____ **DATE:** _____

(USE THIS SECTION FOR FAMILY MEDICAL LEAVE ACT (FMLA) APPROVALS ONLY)

I hereby certify that the above named employee meets the requirements for FMLA and that this leave is approved.

Department Head Signature: _____ **DATE**

HRM Approval _____ **DATE**

FOR DEPARTMENT USE ONLY: FOR PAYROLL & LEAVE RECORD KEEPING

DATE LEAVE RECORDED: _____ **LEAVE TYPE: ANNUAL SICK ADMIN. INITIALS:**