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* Optional Holiday* : ☐ Worked on Holiday* : ☐ _____ Date of Holiday Military* ☐ Administrative (Assaulted by a patient/client)* ☐ Bone Marrow Donor** ☐ Blood Donation** ☐ Voting ☐ Death in Family: ☐ _____ Name of Deceased _____ Date and Place of Death _____ Relationship	**Is this Family Medical Leave? NO** Vacation ☐ Illness ☐ Other - Please explain: _____	**Is this Family Medical Leave? NO** Child Birth** ☐ Personal Illness/Accident** ☐ Illness in Family** ☐ Relationship: _____ Other** - Please explain: _____	**Is this Family Medical Leave? NO** Child Birth** ☐ Placement for: ☐ Adoption** ☐ Foster Care** Medical Appointments ☐ ☐ Personal (Illness/Accident) ☐ 3 days or less ☐ more than 3 days** ☐ Illness in Family** ☐ 3 days or less ☐ more than 3 days** Relationship: _____
AMOUNT OF ADMINISTRATIVE 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** TO _____ **AM**	**DATE(S):** FROM _____ TO _____ **TIME(S):** FROM _____ **AM** TO _____ **PM**	**DATE(S):** FROM _____ TO _____ **TIME(S):** FROM _____ **AM** TO _____ **AM**	**DATE(S):** FROM _____ TO _____ **TIME(S):** FROM _____ **AM** TO _____ **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:**