

REQUEST FOR LEAVE OF ABSENCE

AFSCME BARGAINING UNIT

Employee Name _____ Kent State ID _____

Please print, include your middle initial if applicable ↑

Department _____ Supervisor _____

Is this request due to a work-related injury or illness? No Yes

If yes, date of incident _____ (You must file an "Employee Report of Injury or Occupational Illness" form)

I request PAID LEAVE

SICK LEAVE (ARTICLE 28)

Begin Date _____ Begin Time _____ A.M. P.M. End Date _____ End Time _____ A.M. P.M.

Personal illness/injury/medical condition Explain _____

- Pregnancy and/or childbirth and related medical conditions
Due Date _____ Anticipated Return Date _____ hours on _____ date(s)
 Illness in immediate family.... Relationship _____ hours on _____ date(s)
 Death in immediate family.... Relationship _____ hours on _____ date(s)

OTHER LEAVE

Begin Date _____ Begin Time _____ A.M. P.M. End Date _____ End Time _____ A.M. P.M.

- VACATION (ARTICLE 32) hours on _____ date(s)
 COURT LEAVE (ARTICLE 31) (including Jury Duty) hours on _____ date(s)
 MILITARY LEAVE (ARTICLE 30) (requires documentation) hours on _____ date(s)
 COMPENSATORY LEAVE (ARTICLE 20) hours on _____ date(s)
 DONOR LEAVE (UNIVERSITY POLICY) (requires documentation-liver, kidney or bone marrow). hours on _____ date(s)
 POLL WORK LEAVE (UNIVERSITY POLICY) (submit request 14 days prior to election). hours on _____ date(s)
 *FMLA (UNIVERSITY POLICY) (requires documentation) hours on _____ date(s)
 PAID PARENTAL LEAVE (requires documentation) hours on _____ date(s)
 OTHER _____ hours on _____ date(s)

I DO NOT wish to be called for overtime during approved time off I DO wish to be called for overtime during approved time off

Check Box Initials _____ Check Box Initials _____

I request LEAVE WITHOUT PAY (depending on the type of unpaid leave requested, policy may require that all accrued leave be exhausted)

Begin Date _____ Begin Time _____ A.M. P.M. End Date _____ End Time _____ A.M. P.M.

- *FMLA (UNIVERSITY POLICY) (requires documentation) hours on _____ date(s)
 DISABILITY LEAVE (ARTICLE 29) (requires documentation) hours on _____ date(s)
 LEAVES OF ABSENCE WITHOUT PAY (ARTICLE 27) (requires documentation) hours on _____ date(s)

TYPE OF LEAVE OF ABSENCE BEING REQUESTED _____

Employee Signature _____ Date _____

Approved/ Disapproved
Acknowledged

Supervisor/ Department Signature _____ Date _____

Approved/ Disapproved
Acknowledged

Department Head _____ Date _____

*For FMLA Approval-Supervisor is acknowledging that the employee took the time or is scheduled to take the time away from work. Payroll will determine available leave. Submit FMLA leave forms directly to the Benefits department after supervisor acknowledgement.