

INSTITUTIONAL REQUEST FOR TIME OFF FORM

EMPLOYEE INFORMATION					
NAME		EMPLOYEE ID		REQUEST DATE	
REQUESTED DATES OF ABSENCE		TYPE OF REQUEST (CHECK)	ORIGINAL _____	REVISED _____	

<u>PERSONAL TIME AWAY</u>					
LEAVE CODE	# OF HOURS	LEAVE CODE	# OF HOURS	LEAVE CODE	# OF HOURS
PAID TIME OFF (PTO)		EARNED HOLIDAY BANK EARNED (HBK)		PRE-APPROVED STATE LEAVE (PAL)+	
PAID TIME OFF -ILLNESS WITHIN 1 ST 6 MONTHS (PT6)		EARNED HOLIDAY BANK TAKEN (HTK)		EDUCATIONAL VACATION (VAC)	
EXTENDED ILLNESS BANK (EIB) <small>NON-EIB EXCEPTION</small>		PRESERVED HOLIDAY BANK TAKEN (PHT)		EDUCATIONAL SICK (SCK)	
DIRECT ACCESS TO EXTENDED ILLNESS BANK (DAE) <small>HOSPITALIZATION/CHRONIC/ RECURRING</small>		LEAVE WITHOUT PAY EXEMPT (LWE)* <small>CODED BY HUMAN RESOURCES</small>		EXEMPT ABSENCE OF LESS THAN 4 HOURS	
DIRECT ACCESS DEPENDENT CARE (DDD) MAX. 16 HRS PER FISCAL YEAR, PRORATED BY FTE		LEAVE WITHOUT PAY NON-EXEMPT (LWN) CODED BY DEPARTMENTS, NOT UTILIZED FOR EXEMPT EMPLOYEES		EXTENDED ILLNESS BANK RECEIVED (EIR)	
DIRECT ACCESS FOR EDUCATIONAL ACTIVITIES (DDP) <small>MAX. 8 HRS PER FISCAL YEAR, PRORATED BY FTE</small>		FUNERAL LEAVE (FRL)		VETERANS HEALTH LEAVE (VHL) MAX. 120 HRS PER FISCAL YEAR, PRORATED BY FTE, FOR CARE ADMINISTERED THROUGH THE VETERANS ADMINISTRATION	

<u>WORK-RELATED LEAVE</u>					
LEAVE CODE	# OF HOURS	LEAVE CODE	# OF HOURS	LEAVE CODE	# OF HOURS
COMPENSATORY TIME EARNED (CTE)		DISASTER LEAVE (DIS) <small>UTILIZED WHEN APPROVED BY EXECUTIVE MANAGEMENT</small>		LEAVE WITHOUT PAY EXEMPT (LWE)* SUSPENSION WITHOUT PAY. CODED BY HUMAN RESOURCES	
COMPENSATORY TIME TAKEN (CTT)		QUARANTINE INFECTIOUS DISEASE (QID)* <small>REQUIRES HR MANAGEMENT APPROVAL. CODED BY HUMAN RESOURCES</small>		LEAVE WITHOUT PAY NON-EXEMPT (LWN) SUSPENSION WITHOUT PAY. CODED BY DEPARTMENTS, NOT UTILIZED FOR EXEMPT EMPLOYEES	
RECOGNITION LEAVE (RCL) <small>CLASSIFIED EMPLOYEES ONLY</small>		PRE-APPROVED STATE LEAVE (PAL)+		MANAGEMENT DESIGNATED LEAVE (MDL)* – REQUIRES HR MANAGEMENT APPROVAL. CODED BY HUMAN RESOURCES	
EXTRAMURAL LEAVE (EXT) – FOR ELIGIBLE FACULTY. MAXIMUM OF 30 WORK DAYS OR 240 HOURS PER FISCAL YEAR, PRORATED BY FTE.		PAID INVESTIGATIONAL LEAVE (PIL)* – REQUIRES HR MANAGEMENT APPROVAL. CODED BY HUMAN RESOURCES			

<u>COMMUNITY SERVICE LEAVE</u>					
LEAVE CODE	# OF HOURS	LEAVE CODE	# OF HOURS	LEAVE CODE	# OF HOURS
JURY DUTY (CRT)		EMERGENCY MILITARY LEAVE (EML)* APPROVED AND CODED BY HUMAN RESOURCES		DONOR LEAVE (DON)	
MILITARY LEAVE- RESERVES/ TRAINING (MIL)		PRE-APPROVED STATE LEAVE (PAL)+		NATIONAL GUARD- DECLARED EMERGENCY CALL-UP/ TRAINING (NGD) <small>(MAXIMUM OF 22 DAYS/YEAR)</small>	

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PRE-APPROVED STATE LEAVE AND HUMAN RESOURCES CODED LEAVE TIME

***Pre-approved State Leave (PAL)** Includes leave for: training for volunteer firefighters, EMS volunteers, reserve law enforcement officers; foster parents, Red Cross disaster service leave, assistance dog training leave, blood donation, time off to vote, amateur radio operator leave⁺, urban search and rescue leave⁺, court appointed special advocate leave, and inclement weather⁺ (when communicated by Human Resources). ⁺If utilized for these leave types, a corresponding comment code needs to be entered.

***Human Resources Coded Leave Time** An e-mail will need to be submitted to the HR Benefits box that contains the following information in order for HR Benefits Leave Administration to code time: Employee ID, employee name, # of hours requested for each day, date(s) of absence and applicable leave code. If request is for Paid Investigational Leave, please include the Human Resources contact that has approved the use. Human Resources will communicate when the Ride-out Team Earned Holiday Bank and/or Disaster Compensatory Time leave codes are to be utilized.

STATEMENT OF REQUEST FOR LEAVE

If the available hours shown above differ from the official leave records, the official records control. I understand that requests for leave and accommodation of physical restrictions upon return to duty are subject to review and approval. I understand that I may be required to provide a physician's statement to document my absence and fitness to return to duty. I understand that if I am unable to return to duty on the date shown above, it is my responsibility to make written application for a leave extension prior to scheduled return date. Failure to return from leave as scheduled, without an approved leave extension, is considered job abandonment and is grounds for termination.

_____ Date

_____ Signature of Person Requesting Leave

If Faculty or Administrative Staff – Person assuming responsibilities during period of absence: _____

AVAILABLE LEAVE BALANCES (BALANCES AVAILABLE IN KRONOS AND MYHR)

	PAID TIME OFF OR EDUCATIONAL VACATION	EXTENDED ILLNESS BANK OR EDUCATIONAL SICK	EARNED HOLIDAY BANK	PRESERVED HOLIDAY BANK	MILITARY –RESERVES/ TRAINING (MILITARY PAID BANK)	EXTRAMURAL LEAVE BANK	OTHER LEAVE	LEAVE WITHOUT PAY
HOURS AVAILABLE AS OF:								

TO BE COMPLETED BY DESIGNATED APPROVER

The above request is approved: _____

The above request is approved as amended: _____

The above request is denied due to business operational needs: _____

_____ Date Print Name of Designated Approver Signature of Designated Approver

If leave is more than six (6) months OR if leave bridges two fiscal years, one-up approval is required.

_____ Date Print Name of Designated One-Up Approver Signature of Designated One-Up Approver