

## INSTITUTIONAL REQUEST FOR TIME OFF FORM

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

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

<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)* 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) 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	
<a href="#">EXTRAMURAL LEAVE (EXT)</a> – 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<sup>+</sup>, urban search and rescue leave<sup>+</sup>, court appointed special advocate leave, and inclement weather<sup>+</sup> (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.

### 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