FISK UNIVERSITY
OFFICE OF HUMAN RESOURCES

Employee Leave Request
Guidelines for Administrative Personnel

An employee must complete an Employee Leave Request Form whenever he or she wishes to take the following types of leave:

- Vacation
- Sick
- Floating Holiday
- Jury Duty
- Military Leave
- Bereavement
- Family Medical Leave (FMLA)
- Personal leave without pay
- Furlough
- Other

Employee Responsibilities:

1. Leave request forms must be submitted as far in advance as possible. At a minimum the leave request form must be submitted **seven (7) days** prior to the planned leave of absence and within three (3) days after an unplanned sick leave.

2. Sick leave of three (3) days or more in duration, must be accompanied by a note from the employee's physician indicating the reason for the absence, medical certification of the employee's inability to work and if applicable, any work related restrictions following the return back to work.

3. The employee's Supervisor/Manager must sign the Employee Leave Request Form before the form is submitted to the Payroll Office for processing.

- *Exempt Employees* - submit approved Leave Request Form to the Payroll Office.

- *Non-Exempt Employees* - Attach a copy of the form to your time sheet and submit it to the Payroll Office.

Manager Responsibilities:

1. To ensure the employee has the available amount of accrued leave, before the leave is taken by the employee. Please remember that accrued vacation and sick days can only be taken after the employee has completed six (6) months of employment.

2. To ensure that Leave Request Forms are approved and submitted to the Payroll Office as far in advance as possible. At a minimum the leave request form must be submitted seven (7) days prior to the planned leave of absence and within three (3) days after an unplanned sick leave.

LEAVE REQUEST FORM

YOUR REQUEST FOR TIME OFF SHOULD BE SUBMITTED, SCHEDULED, AND APPROVED BY MANAGEMENT IN ADVANCE. VACATION NORMALLY REQUIRES 2 WEEKS ADVANCE NOTICE.

EMPLOYEE INFORMATION

NAME _____

TODAY'S DATE ____/____/____ DEPARTMENT _____

I WOULD LIKE _____ HOURS OFF, STARTING ON ____/____/____ AND ENDING ON ____/____/____

I WILL RETURN TO WORK ON ____/____/____

TYPE OF REQUEST

STATE THE NUMBER OF HOURS YOU WISH TO USE IN ONE OF THE CATEGORIES LISTED BELOW

VACATION	☐	SICK LEAVE	☐
FLOATING HOLIDAY	☐	JURY DUTY	☐
MILITARY LEAVE	☐	BEREAVEMENT	☐
FAMILY AND MEDICAL LEAVE	☐	PERSONAL LEAVE W/O PAY	☐
FURLOUGH	☐	OTHER	☐

COMMENTS

_____

_____

I UNDERSTAND THAT TIME AWAY FROM WORK IS SUBJECT TO MANAGEMENT APPROVAL AND COMPANY POLICIES. I FURTHER UNDERSTAND THAT IF I DO NOT HAVE THE HOURS AVAILABLE, I WILL NOT BE PAID FOR THE ABSENCE.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

APPROVED: ☐ YES ☐ NO

APPROVAL SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

TO BE COMPLETED BY THE PAYROLL OFFICE

REMAINING BENEFIT HOURS: _____VACATION _____ SICK _____FLOATING