

MISSISSIPPI UNIVERSITY FOR WOMEN

Application for Leave

PLEASE TYPE OR PRINT

Name of Employee: _____

Department: _____ Department Phone #: _____

Note to Employee: It is the responsibility of each employee to use earned leave time in accordance with University policy. Report partial hours in multiples of quarter (.25) hours. A Medical Certification form must be attached when absence due to illness is 32 consecutive or more hours, or when Family and Medical Leave (FMLA) is requested.

See Page 2 for Family & Medical Leave.

Reason for Absence: _____

<u>Type of Leave Requested</u>	<u>Number of Hours</u>	<u>First Date of Leave</u>	<u>Last Date of Leave</u>
Personal Leave (Vacation or leave for personal reasons)			
Personal Leave/Short Illness (First day of illness)			
Major Medical Leave (Hours used after first day of illness) Leave taken for self or family (Specify)			
Major Medical Leave/Death in Immediate Family (Limited to 3 days per qualified death)			
Military Leave/Jury Duty (Specify)			
Other (i.e. University Business) (Specify)			
*Absent Hours Without Pay (If not FMLA, must exhaust applicable personal and/or medical leave balance prior to leave without pay. <i>Requires Supervising President's Cabinet Member approval in addition to Supervisor's approval.</i>)			
*SPCM Signature for Absent Hours Without Pay: _____		Date: _____	

FACULTY: *If this absence causes you to miss class, state how many classes and what arrangements have been made to take care of them.* _____

Employee's Signature: _____ Date: _____

This application for leave is approved for the purpose and period of time indicated. The employee has been informed of this action.

Supervisor's Signature: _____ Date: _____

This form should be kept on file in the department.

Use the section below to report hours taken for **Family and Medical Leave** only (for childbirth, placement of a child, serious illness of employee, child, spouse or parent).
 Medical Certification must be attached.

Number of Hours		First Date of Leave	Last Date of Leave
	Personal Leave		
	Major Medical Leave		
	Absent Hours Without Pay		

Reason for Leave: _____

Will leave be taken all at once or intermittently? Explain:

NOTE: A leave request based on an employee’s serious health condition or the serious health condition of an employee’s spouse, child or parent must be accompanied by a verifying medical certification from a physician.

 I hereby authorize the University to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family and medical leave.

 I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the University.

Signature of Employee: _____ Date:_____

A copy of leave policies may be obtained from department heads or from the Office of Human Resources.