

**FLORIDA ATLANTIC UNIVERSITY
LEAVE REQUEST/APPROVAL FORM
~ STANDARD ~**

FACULTY AMP SP

EMPLOYEE _____ ID NO. _____

PAY PERIOD NO _____ DEPARTMENT NAME _____

<u>LEAVE</u>	<u>HOURS</u>	<u>LEAVE</u>	<u>HOURS</u>
170 ANNUAL LEAVE	_____	180 SICK LEAVE*	_____
151 PERSONAL HOLIDAY	_____	171 ANNUAL LEAVE FOR SICK LEAVE*	_____
185 OVERTIME COMP USED (SP ONLY)	_____	184 OVERTIME COMP FOR SICK LEAVE*	_____
188 SPECIAL COMP USED (SP ONLY)	_____	190 SPECIAL COMP USED FOR SICK LEAVE*	_____
187 REGULAR COMP USED (SP ONLY)	_____	181 REGULAR COMP USED FOR SICK LEAVE*	_____
199 HOLIDAY BREAK COMP LEAVE	_____	422 LEAVE WITHOUT PAY FOR SICK LEAVE*	_____
420 APPROVED LEAVE WITHOUT PAY* (INCLUDES PARENTAL LEAVE; MEDICAL LEAVE; PERSONAL LEAVE)	_____	195 SHORE LEAVE	_____
192 WORKERS' COMP LEAVE - 40 HOURS-PAID	_____	421 WORKERS' COMP. LEAVE - UNPAID	_____
237 MILITARY LEAVE - UNPAID	_____	450 UNAUTHORIZED LEAVE - UNPAID	_____
311 SUSPENSION - UNPAID	_____	191 COMPULSORY DISABILITY LEAVE - UNPAID	_____
		300 ADMINISTRATIVE LEAVE WITHOUT PAY	_____

ACTUAL DATES AND TIME OF LEAVE: _____

***Note: Medical Leaves of three (3) or more days may require medical documentation. Employees may be required to provide documentation of ability to return to work.**

*** SPECIFY TYPE OF LEAVE WITHOUT PAY _____ . SEND COPY OF THIS FORM TO THE**

BENEFITS OFFICE, ADM. BLDG. ROOM 114; FOR LEAVES WITHOUT PAY OF MORE THAN ONE PAY PERIOD, COMPLETE PERSONNEL ACTION FORM. PARENTAL AND MEDICAL LEAVE REQUIRE MEDICAL DOCUMENTATION AND ARE ELIGIBLE FOR INTERMITTENT LEAVE.

QUALIFIES FOR: Family Medical Leave Act (FMLA): Paid/unpaid leave not to exceed 12 weeks within the designated 12 month period for the birth of a child, placement for adoption or foster care; to care for a spouse, child, parent; or an employee's serious health condition. To be eligible employees must have worked for at least 12 months, and worked 1250 hours over the previous 12 months. **University Extended Medical Leave:** Paid/unpaid leave not to exceed 6 months for the birth of a child, or placement for adoption; to care for a spouse, child, parent, grandparent, grandchild, or sibling of the employee or employee's spouse; or an employee's serious health condition. To be eligible the employee must have 1 or more years of continuous service. Employees may be required to provide advance leave notice, and will be required to provide medical documentation. All extended Medical Leave must be discussed and approved by the HR Dept., Employee Relations (561/297-2554).

EMPLOYEE SIGNATURE: _____ DATE: _____

***NOTE: Please contact Human Resources at 7-2061 or 7-3071 for assistance with all Benefits questions regarding extended medical leaves of absence of more than five days.**

SUPERVISOR APPROVAL: _____ DATE _____

SUPERVISOR'S ID NO. (FOR FMLA ONLY): _____

ORIGINAL : DEPARTMENT COPY: EMPLOYEE * COPY: HUMAN RESOURCES