

Center for Social Change, Inc Serving Individuals with Developmental Disabilities

## Leave Application – Non-Admin/ Direct Care

			EM	MPLOYEE INFORMATIO	V							
Employee Name				Today's Date								
Assigned House				Supervisor's								
Position:				Assigned Sch			ays and	Hours)				
I D II	, ,	TD.		Total Hours p			ъ			D /		
Leave Request From:/	/	10:	_/	/R	eturn to	work	on: Da	ay	/.	Date		
Reason for Absence:	MEDIO	CAL ER	J	URY DUTY			OTF	IER (E	Explain)	)		
VACATION	FUNE	-		FMLA								
SICK	MILIT.	ARY		WEATHER	· · · · · · · · · · · · · · · · · · ·							
DOCTOR'S VISIT  Requests for LEAVE must be	IWIF	hy the HR Γ		CAR PROBLE		weeks	prior to	o the fi	iret dav	employ	ee will b	<u> </u>
absent. Leave requests due												
policy, followed by submission of documents justifying the absence on the first day after returning to work.												
Employee Signature/				Date:								
Supervisor's Use only (below	w)											
Do you recommend leave?	•	Jo If	Yes	can coverag	e be arr	anoed?	Yes	No	)			
•				_		_						
Is the employee trained to do							t is ma	ue to u	rain!			
Name of employee : who will do coverage				Signature o agreeing to		•						
who will do coverage				agreeing to	provid	e cove	rage		_			
Received on: Date		By super	rvisor	r					Title			
									]			
Program Director's Use on	ly(below)											
		No.	Sigr	nature					Date			
Do you recommend leave? Y		lo	Sigr	nature					Date			
Do you recommend leave? Y	Yes N	1o	Sigr		'ear: Jul	y 1, 20	)1 to	June 3				
Payroll Use Only (below)  Date of Hire	Yes N		Sigr	Fiscal		, .		June 3	30, 201		Pa	art Time
Payroll Use Only (below)  Date of Hire	Yes N Benefits Eligibility D	ate		Fiscal N	ee Stat	us	 Full		30, 201		\	
Payroll Use Only (below)  Date of Hire  Hours Eligible  Hours	Yes N	ate Hours	s Use	Fiscal \ Emplo	ee Stat ours Elig	us	 Full 4(	Time ) hours r more	30, 201	art Time 39 hours pe eek. Health	er <30 ho mar	art Time urs State idated
Payroll Use Only (below)  Date of Hire  Hours Eligible  Hours	YesN Benefits Eligibility D Accrued	ate	s Use	Fiscal \ Emplo	ee Stat	us	 Full 4(	Time O hours	30, 201	art Time	er <30 ho mar	urs State
Payroll Use Only (below)  Date of Hire  Hours Eligible  Hours	YesN Benefits Eligibility D Accrued	ate Hours For Current F	s Use	Fiscal N Emplo	vee Stat Ours Elig Current Fis	gible scal Year	Full 4( o	Time ) hours r more er week	30, 201	art Time 39 hours po eek. Health enefits only	er <30 ho mar bene	urs State ndated
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Completed Leave application will be returned to HR Folder. Employee and Supervisor will both be notified of leave status.